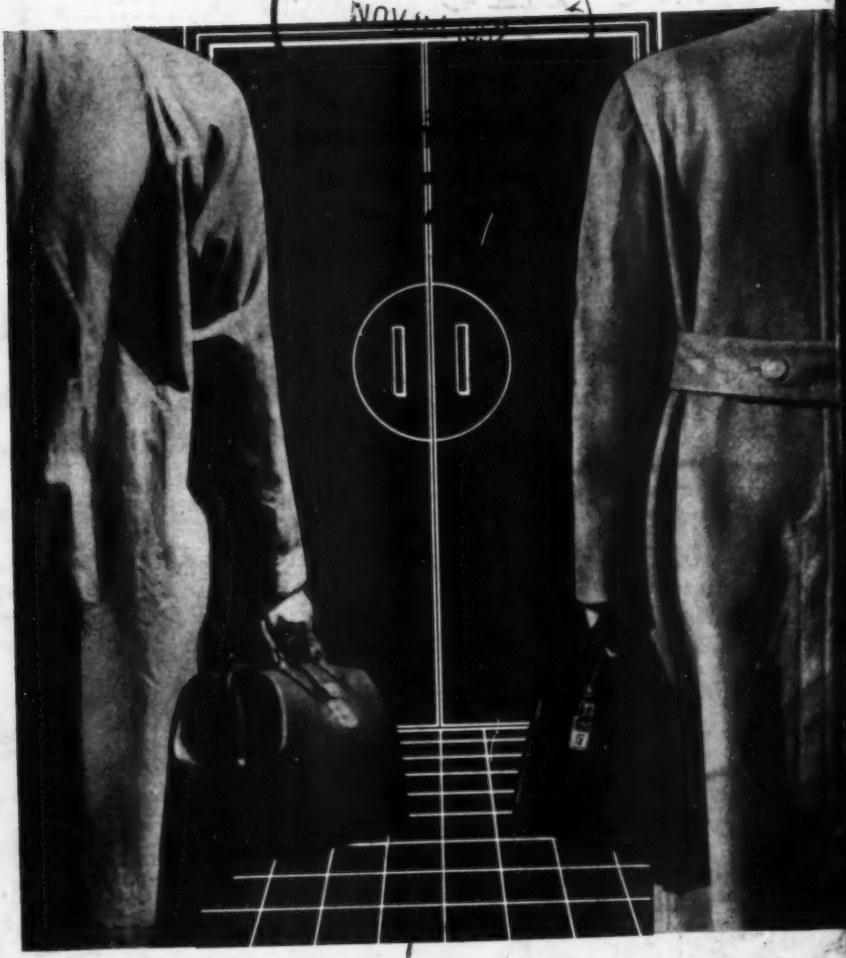
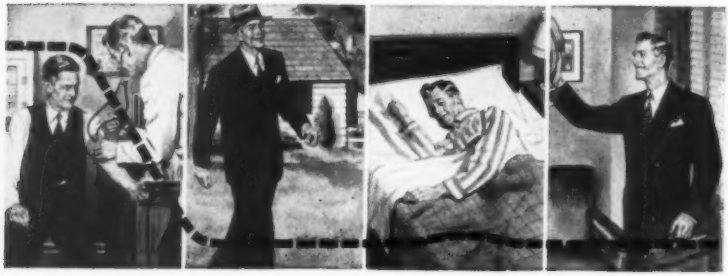
November

Medical Economics



Isn't this the picture you want to prescribe for your hypertensive patients?



Nitranitol's safe, gradual, prolonged vasodilation permits hypertensives to resume more normal lives.

And . . . therapeutic dosages of NITRANITOL can be maintained over long periods of time . . . *without* frequent checkups . . . *without* worry about possible toxic effects.

Nitranitol is the universally prescribed drug in the management of essential hypertension.

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(brand of mannitol hexanitrate)

FOR SAFE, GRADUAL, PROLONGED VASODILATION

1. **When vasodilation alone is indicated**—*NITRANITOL.*
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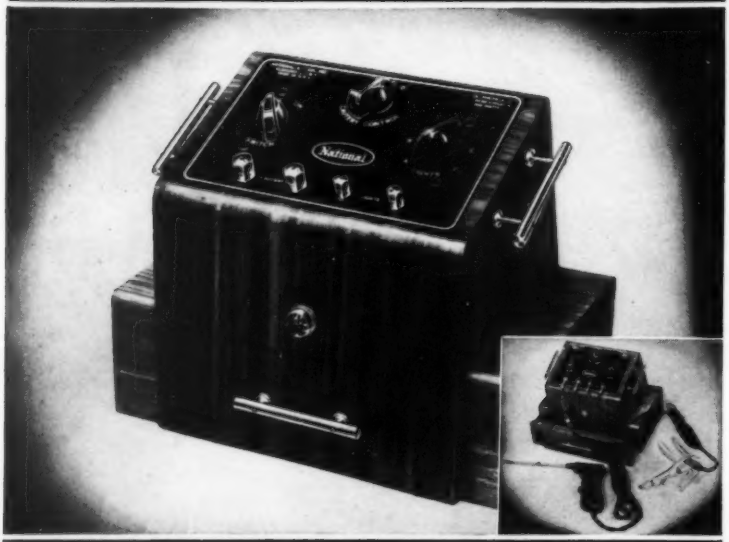
NEW... IMPROVED! for endocervicitis and cervical erosions



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Medical Economics

* * * *November 1952* * * *

[CONTINUED ON FOLLOWING PAGE]

Contents [*Continued*]

DEPARTMENTS

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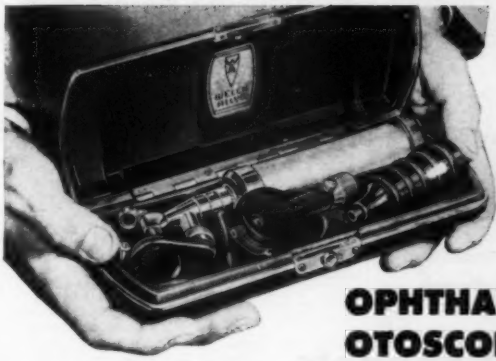
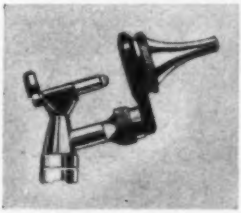


Fast, accurate diagnosis with complete, compact

WELCH ALLYN OPHTHALMOSCOPE-OTOSCOPE SETS



No. 216 operating otoscope. Patented rotatable speculum holder gives greater operating space. No set screw adjustments. Brilliant direct illumination. 5 nylon specula.

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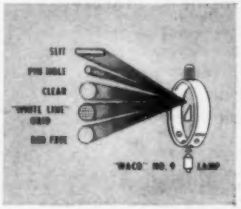
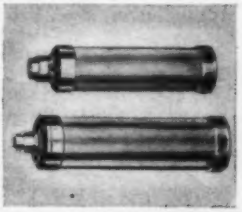
No. 21 "Sandura" case. More durable, compact, sanitary and attractive than old style cases. No. 21-L for large battery handles; No. 21-M for medium battery handles.

No. 110 ophthalmoscope. Superb May type head with prefocused optical system and patented rotatable unit for instant choice of apertures. 23 lenses, 0 to +40, −1 to −20.



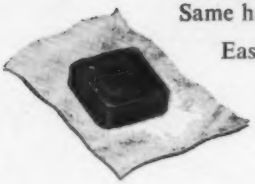
Rotatable unit in No. 110 ophthalmoscope gives standard, pinhole or slit apertures, white line grid and red-free filter. No. 106 ophthalmoscope, without rotatable unit, at lower cost.



Battery handles fit otoscopes, ophthalmoscopes, and many other Welch Allyn instruments. Sensitive rheostat controls and plug-in receptacles for cords. Choose No. 700 large; or No. 705 medium.

Welch Allyn otoscope-ophthalmoscope sets are priced from $60.50 to $71.00 depending on choice of instruments and case. Ask your Welch Allyn dealer to show them to you.

WELCH ALLYN, INC.
Skaneateles Falls, N. Y.



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Easy to take—pleasant tasting

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Affording the combined therapeutic advantages of:

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efficient penicillin—potentiating sulfonamide

★ *Sulfadiazine* (2 grains)

highly active topical anesthetic

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* Index of Advertisers *

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To greatly expand the usefulness of ACTH in your practice

Administered As Easy As Insulin: HP*ACTHAR *Gel* can be injected subcutaneously as well as intramuscularly with a minimum of discomfort.

Fewer Injections: One to two doses per week may suffice in many cases (see package insert for complete dosage schedule or write for full information).

Rapid Response, Prolonged Effect: HP*ACTHAR *Gel* combines the two-fold advantage of sustained action over prolonged periods of time with the quick response of lyophilized ACTHAR.

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CHICAGO 11, ILLINOIS
—world-wide dependability—

PHYSIOLOGIC THERAPEUTICS THROUGH BIORESEARCH

Panorama

Although doctors don't advertise in Ohio, their cars may soon carry special license plates labeled PHYSICIAN. These 1953 passports to parking space will cost $1 more than regular tags . . . Wanted: a million undetected diabetics. Nationwide manhunt comes to a climax during Diabetes Week, Nov. 16-22 . . . Planning to build a new office or home? You could cut $1,000 off its cost, laments The Magazine of Building, if it weren't for "senseless" local building codes . . . Stocks generally appeal to better-educated investors—yet, according to a Brookings Institution survey, only 12 per cent of doctors and lawyers own stocks, as against 45 per cent of businessmen.

Only "politically indoctrinated" physicians may practice in Argentina, says the government-controlled University of Buenos Aires. So it now gives medical students a "political information" course . . . Recommended reading for slow-pay patients: "Your Health Dollar," a thirty-six-page booklet for laymen, published by Household Finance, Chicago. It includes a checklist for budgeting medical expenses . . . When fire destroyed the only laundry in Galax, Va., 80-year-old Dr. J. K. Caldwell arranged for the town's washing to be handled in a near-by city. Reason: He's combined medicine and the laundry business for the last several years.

New paging system may do away with noisy loudspeakers in hospitals. Hospital Consultant Charles F. Neergaard has announced the development of a radio transmitter that sends buzzer signals to personal, pocket-size receiving sets . . . The Case of the Vanishing Wife: Dr. F. W. Goddard of Long Island reported the disappearance of Mrs. G. from the back seat of their car during a pleasure trip. Police later found her at a gas station, where he'd left her behind when pulling away at emer-

gency-call tempo . . . "Physicians should pay for advertising like any other business men," an Illinois publisher has told the state society's public relations committee. He refuses the doctors' news releases, though all other editors cooperate.

Can the Government punish specialists for restricting others from practice in their field? Could be, say Washington observers; the Federal Trade Commission has charged the American Association of Orthodontists with restraint of trade—apparently its first such charge against a specialty society . . . Baffled by ghost surgery on his front lawn, Dr. Garwood Bridgman of San Mateo, Calif., asked police to find out why a hundred square feet of sod had mysteriously been removed. The solution: His own gardener had been excising some fungus-infected grass . . . Fast work in Connecticut: Local medical societies have brought emergency-call services to nearly half the state's population within the past eighteen months.

Long time no fee: Indicted on 229 separate counts for peddling narcotics, a Minnesota M.D. now faces prison terms totaling 2,030 years . . . Which medical schools have the best teacher-training records? According to the Office of Defense Mobilization, the five universities with highest percentages of their 1925-49 physician graduates now teaching medicine full time are Hopkins, Harvard, Yale, Rochester, and Pennsylvania . . . Quarantine treatment: The American College of Surgeons is accepting no applicants from several areas where fee splitting is countenanced. What's more, says A.C.S. Director Paul Hawley, this ban will continue "until local ethics are revised."

New York hatcheck girl Rita Smith says a fake psychoanalyst caused her "severe emotional shocks" by insisting that she wear only panties during analytic treatments costing $2,245. Now she has presented him with a full-dress suit—for $50,000 damages . . . Doctors' strike: A hundred Finnish physicians in government-owned hospitals have successfully fought government-regimented pay rates. Leaving a skeleton force to handle emergencies, they walked out and stayed out till offered higher pay, a week later.

The *Gentarth* formula constitutes a new, direct approach for relief of pain and reduction of swelling and joint inflammation in rheumatoid arthritis. *Gentarth* is non-hormonal in action.

Sodium gentisate has been found to produce favorable results in both rheumatoid arthritis and acute rheumatic fever,[2] possibly because of its inhibiting effect on the hyaluronidase in synovial cavities.[3,4] Inclusion of salicylate, as in the *Gentarth* formula, provides additional analgesic action and enhances effectiveness.

Gentarth tablets also contain succinic acid to protect against increase in prothrombin time—a necessary precaution in prolonged salicylate therapy.

Serving the medical profession for nearly a third of a century

RAYMER

PHARMACAL COMPANY Pharmaceutical Manufacturers
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Each tablet contains:

Sodium Gentisate	100 mg.
Raysal . . . . . *(representing 43% Salicylic Acid and 5% Iodine in a Calcium-Sodium Phosphate buffer salt combination)*	325 mg.
Succinic Acid	130 mg.

Dosage: 2 to 4 tablets 3 or 4 times daily (after meals and before bedtime).

Supplied in bottles of 100, 500 and 1,000. Available through all ethical pharmacies.

1. *Boyd, L.J., Lombardi, A.A. and Scigals, C.: New York Med. College Bull., 13:91, 1950.*
2. *Meyer, K. and Ragan, C.: Med. Concepts of Card. Disp., 17:2, 1948.*
3. *Quick, A.J.: J. Biol. Chem., 101:475, 1933.*
4. *Guerra, J.: J. Pharm. Exper. Ther., 87:1943, 1946.*

to restore
the Arthritic patient
to

pain-free activity

"The best results were obtained in patients . . . treated with sodium gentisate and salicylate"[1]

Tablets

GENTARTH

The original preparation containing sodium gentisate, an inhibitor of the spreading factor enzyme, hyaluronidase

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to increase the usefulness of aminophylline.

Aminodrox, a tablet containing colloidal aluminum hydroxide with 1½ or 3 gr. of aminophylline provides a *dependable* method of *oral* administration of aminophylline in doses large enough to produce the same high blood levels obtainable with parenteral administration.

This is possible with Aminodrox because gastric disturbance is avoided.

Aminodrox now makes it possible to discard the inconvenience and potential hazards of non-emergency parenteral aminophylline. Besides its use as a diuretic, it is now feasible to use *oral* aminophylline therapy in the treatment of congestive heart failure, bronchial and cardiac asthma, status asthmaticus, and paroxysmal dyspnea.

Several studies* attest to the large dose tolerance of Aminodrox. A dose of 36 grains daily produced blood levels higher than would be customarily aimed at with parenteral administration. In hospitalized patients on this excessively massive dosage, only 27% showed gastric distress. Contrast this to the 42% intolerance to plain aminophylline with only 12 grains a day.

effective oral aminophylline therapy WITH

Aminodrox

literature available

S.T. Massengill

BRISTOL, TENNESSEE

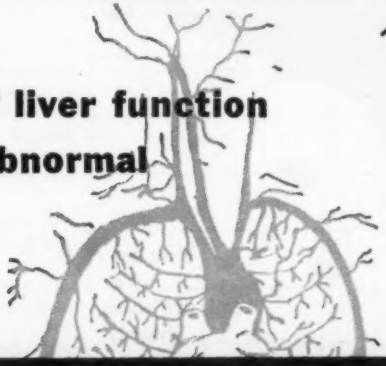
* Cronheim, G., Justice, T. T., and King, J. S., Jr., A New Approach to Increasing Tolerance of Oral Aminophylline—to be published.
* Justice, T. T., Jr., Allen, G., and Cronheim, G., Studies with Two New Theophylline Preparations—to be published.

to favorably influence...

atherosclerosis • arteriosclerosis
coronary disease • diabetes
hypertension • obesity
alcoholism • liver disorders

3 new lipotropic studies show

improvement of liver function helps correct abnormal serum lipids



methischol

for complete lipotropic therapy

Write for samples and detailed literature

1 "anti-senescence factor"

"Striking and dramatic effects" were observed[1] with Methischol in elderly patients with cirrhosis of the liver, precordial pain, diabetes, etc., in whom hypercholesterolemia was a "common denominator." Long-standing symptoms were relieved; serum cholesterol levels descended toward normal. "It is difficult to maintain enough scientific objectivity to restrain one's enthusiasm. We may have in these lipotropic substances an 'anti-senescence factor'."

1. Abrahamson, E. M.: Amer. J. Digest. Dis. 19:186, 1952.

2 atherosclerosis favorably influenced

"Positive results – as evidenced by profound effect on the chylomicron-lipomicron ratio" in older atherosclerotic (infarction and non-infarction) patients given Methischol. Lipotropic substances "can and do influence the lipids in human serum in the direction of apparent normality." Findings "bear out the clinical observations of a number of investigators claiming definitive effect in atherosclerotic individuals."[2]

2. Labecki, T. D.: Proceedings Gerontological Society, Wash. D. C., Sept. 6, 1952.

3 liver is key organ

High incidence of liver dysfunction in diabetes, atherosclerosis, obesity and other degenerative disorders, emphasizes the need for a complete nutritional lipotropic (Methischol) regimen to improve liver function and thus favorably influence certain primary biochemical abnormalities. Such therapy "may ultimately be the key providing mankind with a comfortable, useful old age."[3]

3. Pomeranze, J.: Proceedings Gerontological Society, Wash. D. C., Sept. 7, 1952.

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CHOLINE DIHYDROGEN CITRATE*	0.28 Gm.	2.5 Gm.
dl-METHIONINE	0.11 Gm.	1.0 Gm.
INOSITOL	0.083 Gm.	0.75 Gm.
VITAMIN B_{12}	1 mcg.	9 mcg.
LIVER CONCENTRATE AND DESICCATED LIVER**	0.087 Gm.	0.78 Gm.

THREE TABLESPOONFULS OF METHISCHOL SYRUP EQUAL IN POTENCY TO NINE METHISCHOL CAPSULES.

*in 3 tablespoonfuls Syrup as 1.14 Gm. choline chloride

**in 3 tablespoonfuls Syrup as 1.2 Gm. liver concentrate

bottles of 100, 250, 500 and 1000 capsules, and 16 oz. and 1 gallon syrup

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*West. J. Surg., Obstet. & Gynec., 51:50, 1943; J.A.M.A., 128:490, 1945.

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PEDIATRICS BULLETIN

Prepared In The Interests Of The Profession By The Pediatrics Consultant Staff Of H. J. Heinz Company

False **RICKETS**

NORMAL VARIATIONS in skeletal structure of the pre-school child and certain congenital anomalies, we have learned, frequently simulate rachitic deformities. And we know that a wrong diagnosis of rickets may be serious, not only because faulty therapy is undertaken, but because a great deal of emotional disturbance in the mother is initiated.

● **To many mothers** rickets is still a frightening term, suggesting permanent crippling deformities and conveying to her humiliating implications of neglect, dirt and squalor.

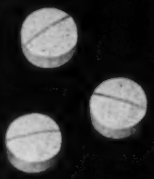
An unjustified feeling of deficiency on her part, or resentment of her physician, may not easily be assuaged. It is well that we remember, therefore, not to use the term "rickets" lightly.

● **In the one to three year old,** it is important that we bear in mind that bow legs and knock knees may be normal and may quite disappear with growth. "Pigeon chests," pectus excavatum, and other anomalies are congenital defects that will not so happily disappear but, nevertheless, are not rachitic. Where defects are found which may be rachitic, unless unquestionable clinical evidence is present, it behooves us to support our diagnosis by X-rays or serum phosphorus and phosphatase determinations.

NOTE: These bulletins are designed to help disseminate modern pediatrics knowledge to the general medical profession and will appear monthly.

for the more common bacterial infectious diseases

Oral Penicillin t.i.d.



Pentids

Squibb 200,000 Units Penicillin G Potassium Tablets

effective

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fewer side effects

economical

SQUIBB

In vitamin therapy

HOW SPECIFIC CAN YOU BE?

"Good nutrition consists of consuming all essential nutrients in amounts adequate to promote the best growth, development, and maintenance of the body. If the intake of any nutrient is habitually insufficient, the functioning of several organs may be impaired. If one nutrient is not adequate, this may also interfere with the functioning of other nutrients in the body."[1]

VITERRA, containing 10 Vitamins and 11 Minerals and Trace Elements, assures an adequate and balanced intake of all these essential nutrients.

For the most reliable form of nutritional supplementation, specify, VITERRA—Multi-Vitamins with Minerals.

1. The Nutrition of Industrial Workers; Second Report of the Committee on Nutrition of Industrial Workers, Food and Nutrition Board, National Research Council. Reprint and Circular Series No. 123. (Washington, D. C.: National Research Council), Sept., 1945, p. 13.

Viterra

All in One Capsule

Vitamin A	5,000 U.S.P. Units	Calcium	213 mg.
Vitamin D	500 U.S.P. Units	Cobalt	0.1 mg.
Vitamin B_{12}	1 mcg.	Copper	1 mg.
Thiamine Hydrochloride	3 mg.	Iodine	0.15 mg.
Riboflavin	3 mg.	Iron	10 mg.
Pyridoxine Hydrochloride	0.5 mg.	Manganese	1 mg.
Niacinamide	25 mg.	Magnesium	6 mg.
Ascorbic Acid	50 mg.	Molybdenum	0.2 mg.
Calcium Pantothenate	5 mg.	Phosphorus	165 mg.
Mixed Tocopherols (Type IV)	5 mg.	Potassium	5 mg.
		Zinc	1.2 mg.

J. B. ROERIG AND COMPANY • CHICAGO 11, ILLINOIS

prolonged relief
from
nasal congestion
within
2 minutes with
just 2 drops of

Privine®

hydrochloride **0.05 %**

(BRAND OF NAPHAZOLINE HYDROCHLORIDE)

potent, prompt-acting
Privine is a virtually
nonirritating
nasal vasoconstrictor
which can be administered
to children as well
as adults.

Ciba Summit, N.J.

Speaking Frankly

Medical Meetings

SIRS: Your excellent article, "Rx for Too Many Medical Meetings" [September, 1952], covers every detail of our program for cutting the number of meetings in Omaha. I do feel, however, that changing the *type* of medical society meeting also made a tremendous difference:

Our meetings used to be held at 8 P.M., in a gloomy auditorium. Instead, we now meet for dinner at the Omaha Athletic Club, with a refreshment hour starting at 5:30, dinner, and a scientific program beginning at 7:30—and ending, as nearly as possible, by 9.

I hope other medical societies will see their way clear to following a similar plan. It's been interesting to see life come back into our local society.

Mariana Gardner-Matthews
Executive Secretary
Omaha-Douglas County Med. Soc.
Omaha, Neb.

Doctors' Plan?

SIRS: The article, "'Blue Shield *Makes* Us Split Fees,'" calls to mind other examples of Blue Shield's inconsistent policies. For instance, why should it guarantee only a surgical or an obstetrical fee? Is it any easier for the patient to pay for a long, disabling illness like coronary thrombosis? Unlike most cases of pregnancy or surgery, major illnesses are entirely unplanned and usually come at inopportune times.

Health insurance plans should be encouraged to offer protection against long, disabling, and chronic illnesses, even at the cost of dropping protection against minor surgery. Payments of, say, $5 for a laceration and $35 for a tonsillectomy could be safely abandoned without endangering the economic stability of even the low-income group.

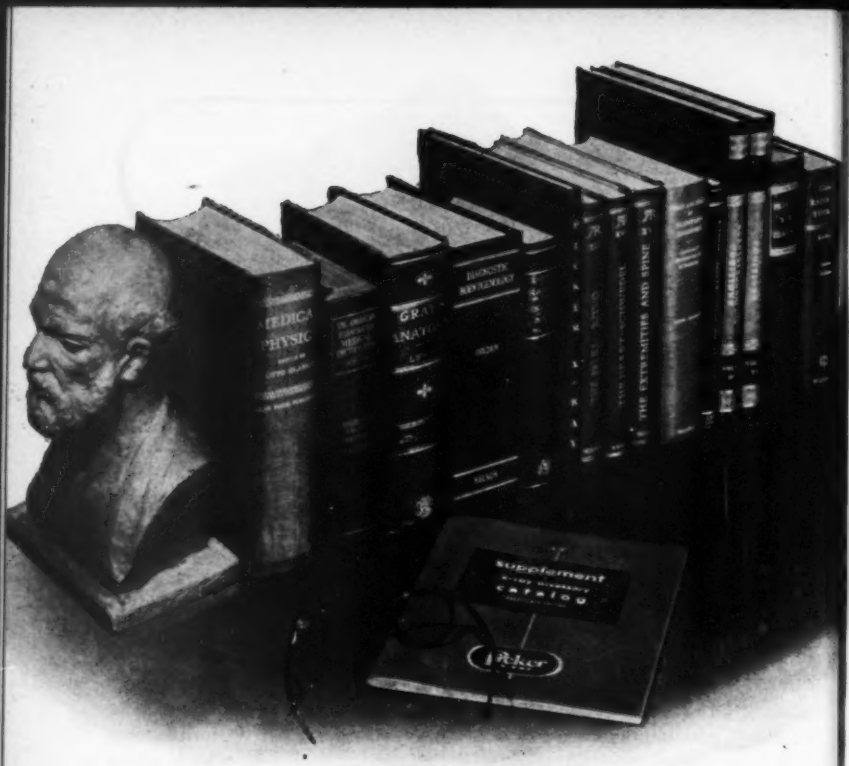
I strongly urge all G.P.'s to take a more forceful part in formulating health-plan policies, which affect the interests of us all. Then perhaps Blue Shield, "The Doctors' Plan," wouldn't be entirely the surgeons' and the obstetricians' bonanza.

Eli J. Weller, M.D.
Weirton, W.Va.

G.P.'s New Era

SIRS: A few observations inspired by your article entitled "A New Era for the G.P.?":

Some years ago, the fad for specialization induced a great many men of somewhat limited talents to become "exclusionists" rather than true specialists. These doctors called



so many *new* things in this *new* supplement . . .

For almost forty years now the Picker X-Ray Accessories Catalog has been the standard of reference for materials used in radiography, fluoroscopy, and radiation therapy. You will find it on thousands of doctors' bookshelves.

But even in the short time since the last 200-page edition (its fourteenth), Picker has introduced so many new things—the Picker-Polaroid process, for example, which delivers a finished dry radiograph *within a minute after exposure* . . . the Darex FlexiCast "quick-freeze" Immobilizing Cast—*dozens* of things like that—that we now find it necessary to issue a 48-page supplement to include them all.

We'll be glad to send you the supplement if you already have the current Picker Accessory Catalog. Or *both*, if you don't. Either way, you'll keep abreast of recent developments in this eventful field.

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25 S. Broadway White Plains, N.Y.

themselves specialists merely because they did one thing exclusively. There was no sure proof that they could do that one thing better than could the general practitioner. Indeed, many so-called "specialists" had no more basic training in their specialty than did the average G.P.

As time went on, these pseudo-specialists began to put pressure on hospital administrators to restrict the activities of G.P.'s. When the G.P.'s finally woke up, they found themselves deprived of the chance to do things for which they were well qualified.

Now, as new hospitals are built, G.P.'s should insist on an open staff and should put pressure on patients to help maintain it. If citizens contribute tax money to hospitals, they should also have the right to see that all doctors of a community get hospital privileges according to their ability.

Charles L. Farrell, M.D.
Pawtucket, R.I.

SIRS: The A.A.G.P. campaign for surgical privileges seeks recognition for the "almost-as-goods." And the "almost-as-goods" just aren't good enough.

A physician's competence to do limited surgery, such as a simple hemorrhoidectomy or an uncomplicated hernia, can be judged easily. But what about belly surgery? Here, as I see it, is a good place for a showdown:

"Doctor, you claim competence in performing simple, uncomplicated appendectomies and cholecystectomies. Well, then, what will you do if you find an extensive malignant process requiring resection or other highly skilled or specialized procedures? Will you sew the patient up and postpone his ordeal? Or will you keep the belly open and phone frantically for help?"

M.D., Massachusetts

SIRS: It's not the G.P.'s who should be criticized, but rather a well-recognized number of them who should probably called "G.S.'s," or "general specialists." That's what a lot of general practitioners apparently want to be.

They want to dash from the delivery room and set a couple of legs, then go into the operating room for a herniotomy, and on the way out to lunch do a couple of tonsillectomies. The medical knowledge and technique of these men have increased during the last twenty years to a point where they claim to be proficient in everything.

Yet what does the "G.S." do when his wife and children need such special surgery? He gallops to the best in the land. Nothing can be too special for his own brood.

Creighton Barker, M.D.
New Haven, Conn.

Word From Wylie

SIRS: By now I've heard from perhaps a hundred physicians about my article ["The Doctors' Conspiracy of Silence," April, 1952, MEDICAL ECONOMICS]. Ninety per cent of

them were enthusiastic about the piece. I was pleased, as a result, to realize that so many distinguished men authenticated a condition I knew to be real and hazardous, but difficult to discuss.

Philip Wylie
Miami, Fla.

Welcome Osteopaths?

SIRS: In a recent editorial, "Take in Osteopaths?", you quote a Missouri M.D. as saying, "As far as I know, the Still school in Missouri has never permitted inspection by a qualified outsider."

This is not true. All six osteopathic colleges, including the "Still school in Missouri" (Kirksville College of Osteopathy and Surgery), have been inspected by representatives of many state licensing boards, among them the chairman of the Indiana licensing board and the dean emeritus of Ohio University's school of medicine. And all six colleges have been approved by the states of New York and New Jersey on the recommendation of Frederick Woll, Ph.D., previously inspector of medical and dental colleges for the Department of Education of the State of New York.

Your editorial also quotes the Missouri M.D. as saying that, "In many towns, osteopaths are [general practitioners'] direct competition. Any A.M.A. endorsement of the osteos is going to hurt our small-town G.P.'s." We don't challenge the accuracy of that statement. In fact, we suggest that perhaps this is the real

reason for medicine's refusal to recognize osteopathy.

Your conclusion that "osteopathy *will* be absorbed into the mainstream of American medicine" may be correct, but we can't see that far ahead. If it does happen, we firmly believe it will result from agreement between the two groups, and not from a decision made solely by old-school medicine.

R. C. McCaughan, D.O.
Executive Secretary
American Osteopathic Assn.
Chicago, Ill.

SIRS: "Increased recognition" of osteopaths is not, as erroneously stated in your editorial, related to their improved training. Instead, it's caused by (a) apathy of the medical profession in many states where osteopaths have won medical privileges, and (b) energetic legislative efforts by the osteopaths.

Obviously, the osteopaths have no intention of giving up their pseudo-scientific cultism. Not long ago, Dr. John Cline remarked that there has been a "progressive reduction of the emphasis upon the teaching of osteopathy, in favor of instructions in medicine and surgery." But Floyd F. Peckham, president of the American Osteopathic Association, immediately denied that "the profession will de-emphasize its basic philosophy of the cause and treatment of disease." Said Peckham: "The osteopathic profession has never in its history been more conscious of the validity of its concepts than it is today." [MORE→

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So it's clear that whatever aid osteopathy may get from the voluntary efforts of medicine will be used to the advantage of the cult and the disadvantage of medicine.

Osteopathy should not be "absorbed." It should be allowed to wither on the vine and die.

M.D., Illinois

Fee-Splitting Aftermaths

SIRS: I practiced as a G.P. for five years before going back to school for four years of special surgical training. On returning home, I was immediately approached by several of the general practice group with their joint proposition: a 50-50 split or no go!

Because of my experience, I can see both the surgeon's and the G.P.'s point of view. I've always believed that the referring physician should have a just and reasonable fee for the work he performs in any surgical case. But I *don't* believe his fee should be controlled by an established percentage, nor that a 50 per cent cut is fair to the surgeon, who must bear most of the responsibility in a surgical case.

I refuse to split fees, and I always insist that the referring doctor and I send separate statements. No patients have objected to this, but plenty of G.P.'s have blown their tops about it.

M.D., Kansas

SIRS: No one would object to fee division if the best interests of the patient were served by it. But, unfortunately, the chance of collusion in unnecessary surgery and referrals is too great. Public disclosure of any such collusion could be much more harmful to the profession than are the high fees charged by an occasional selfish surgeon.

Rather than condone fee splitting, then, let's inform the public what the average fees for surgical procedures are. It's our duty, as physicians, to tell our patients about those selfish colleagues whose primary motive in practice is economic reward.

When the patient asks about referral to Dr. X, why shouldn't we explain that, though Dr. X is a nice sociable fellow and a competent surgeon, his fee are needlessly higher than those of Dr. Y? And when a patient has been overcharged, why not encourage him to consult the local grievance committee?

M.D., North Carolina

SIRS: Because of the ban on fee splitting, the jacks-of-all-trades have opened hospitals in every country crossroads town and are doing their own surgery. These hospitals are not properly equipped or staffed, and no protection at all is given the patient. Let's permit fee splitting and end this surgery by unqualified practitioners.

A. G. Benson, M.D.
La Crosse, Wis.

SIRS: I have just reread your articles on fee splitting—with constantly mounting blood pressure. The au-

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thor asks how to combat fee splitting. I think the answer is simple: Let the surgeons treat referring physicians fairly and stop pocketing the entire fee themselves.

No fee distinction is now made between patients who go directly to the surgeon and those who are referred by a G.P. Suppose, for instance, that Mrs. Jones goes to Surgeon Smith with appendicitis. He makes the diagnosis, does all the work, and collects $200. This is perfectly all right.

Now suppose Mrs. Jones's sister comes to me, a G.P., first. I make the diagnosis, sell her on the need for an operation and on the desirability of having Surgeon Smith operate. When she goes to the hospital, she is in his care; but after the operation, the family looks to me for information. I must drop in to see the patient several times while she is in the hospital. This work and responsibility are certainly worth some portion of the fee for the operation. But when this is brought to Surgeon Smith's attention, he indicates politely that I can jump in the lake. If he gave me any part of the surgical fee, it would be "most unethical."

So there are only two things for me to do, and I have tried them both:

First, I can bill the patient $50 for my services and see what happens. The patient is liable to complain that her sister's operation cost her only $200 while, by coming first to me, *she* has run up a total cost of $250. So I forgo my fee to keep peace in the family. [MORE→

Second, I can simply forget about sending a bill, while I watch the surgeon pocket a big fee—part of which I have definitely earned.

It would seem fairer for the surgeon to take less pay for referred cases than for those on which he has done all the work. There should be some allowance for the physician who has worked the case up, and this allowance should not be tacked on to the normal cost of the operation.

M.D., New Hampshire

SIRS: I believe the best and most logical solution of the fee-splitting problem is the one followed by the late Dr. William T. Bull, a surgeon of international fame who practiced in the early part of this century.

Whenever I referred a patient to Dr. Bull, he invariably told him: "I am a surgeon, not a general practitioner. Surgical procedure is sometimes followed by medical complications. If I operate, I'll want your doctor to work with me as attending physician. I shall render my bill for surgical service and your doctor will render his for medical supervision."

Not only was this arrangement fair to the referring physician; it also elevated him in the eyes of the patient and his family.

M.D., Connecticut

SIRS: All this shouting about fee splitting hurts our profession. Let's stop accusing ourselves of unethical practices and thus belittling ourselves in the eyes of the public.

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and engineering, do not consider referral fees unethical. The consulting attorney routinely sends about one-third of his fee to the referring lawyer. They say nothing about "fee splitting," "unethical practice," or "harm to the client." On the contrary, everyone is paid for services rendered, while the client retains his confidence in the lawyer and is well protected by him.

Who are we to be different?

M.D., New York

V.A. Hospitals

SIRS: Your recent article on V.A. hospitals is fine, but it supplies no answer to the question, "What shall we do about it?" Let's take a positive approach such as that of the Tennessee Plan, which proposes:

1. That the veteran's eligibility for free hospitalization be determined on the basis of his income-tax return, with Congress setting income levels of eligibility.

2. That, through existing agencies, the Government then forward to each eligible veteran a check that can be used only for the purchase of medical and hospital insurance coverage from an approved insuror.

This will keep medical care where it belongs—in private hands. If medicine ever approves a system of Federal medical care for veterans who cannot pay for needed services, that will be equivalent to endorsment of Government medical care for *all* the people.

H. H. Shoulders, M.D.

Nashville, Tenn.

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"There is little doubt that, when analgesics are employed on a rational basis, physicians will come nearest to fulfilling with credit that phase of medical practice which, at least to the patient and his family, is of prime importance – the relief of pain."

Editorial: J.A.M.A. *149*:66 (May 3) 1952

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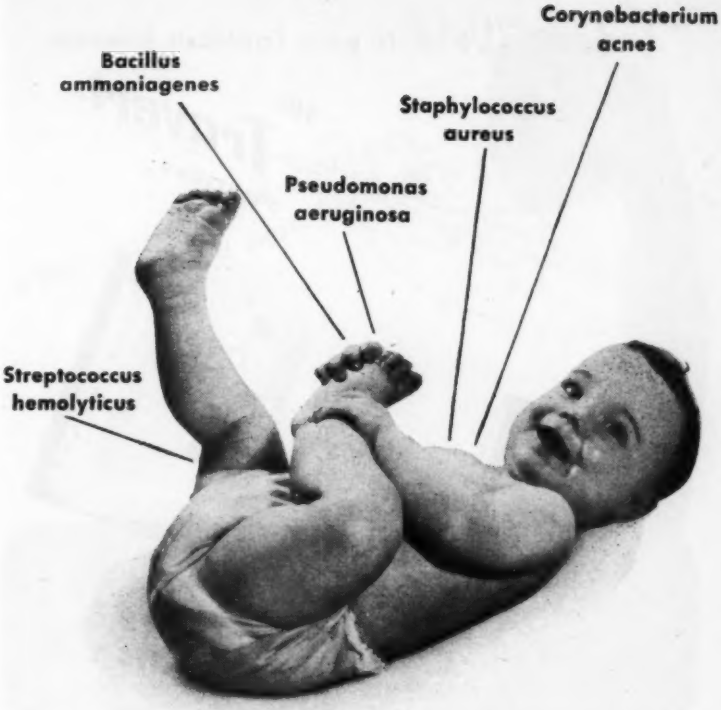

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1. Bradley, J. E., et al.: J. Pediat. 38:41, 1951; Idem: Amer. Acad. Pediat., meeting Oct. 16, 1951.

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Sidelights

Latest on Split Fees

Some misleading publicity has come out of Washington about the Bureau of Internal Revenue's latest directive on split fees.

This directive (Bulletin No. 18) sets forth the conditions under which split-fee deductions will be allowed. At least two Washington newsletters, however, have placed too much stress on the *allowance*, too little on the *conditions*. One report even started thus: "Ethics to one side, fee-splitting is quite legitimate as far as Bureau of Internal Revenue is concerned . . . "

You might think that fee splitters had been given a green light. Actually, it's a yellow light at most.

Split-fee payments are deductible, the directive says, "*provided they . . . do not frustrate sharply defined . . . state policies evidenced by a governmental declaration proscribing particular types of conduct*" (italics ours).

What, then, about doctors in the twenty-three states with laws against fee splitting? We have it on the best authority that such men will *not* be permitted to take split-fee deductions, since these would "frustrate sharply defined . . . state policies."

Even in the remaining twenty-five states, where such deductions will probably be allowed, expect a continued search for split-fee situations. Revenue agents want to be sure that at least one doctor (if not both) pays taxes on the money thus changing hands.

How's Your Credit?

Most of us could probably write a book about our patients' paying habits. Now someone has written a book about our own, and it comes as a slight shock to see that almost every line is unfavorable.

Across our desk the other day came the latest edition of "Credit Information on Physicians." It lists specific payment lapses by more than 7,000 doctors, as reported by members of the American Surgical Trade Association. Even an uncollected bill for $2.39 dating back to 1923 is enough to get your name in the book—and to keep it there through succeeding editions.

Quite typical is an entry for a man we'll call John Blank. His full name, address, and medical school are given, followed by symbols indicating that he was slow in paying a $12.50 bill in 1939; didn't pay a $70 bill in 1950 until a lawyer was

put on the case; was twice reported as "unworthy of credit" during 1951; and moved to an unknown new address just a few months ago.

In preferring to avoid bad credit risks, surgical dealers are no different from other businessmen. It's likely that other trade associations whose members deal with physicians maintain similar score sheets. Which, to the M.D., means simply this:

Although liberal credit is easy to get, it's even easier to undermine. And once it *is* undermined, the unflattering word may follow you the rest of your professional life.

Military Absence

"Suppose I'm called into military service and have to get another doctor to take over my practice. What's a fair financial arrangement between us?"

This query is with us again, after nearly a decade in mothballs. There's no single answer, of course—not one that suits everybody. But a fairly typical example is this arrangement between two Michigan physicians:

The first doctor, tapped for Army duty, agreed to turn over his office and his records to a younger man who was exempt from service. In return, the second doctor agreed to:

1. Pay all office expenses and keep the present personnel in his employ.

2. Collect the first doctor's accounts receivable and turn all the proceeds over to him. [MORE→

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3. Forward to the first doctor, in addition, 15 per cent of all cash receipts during the first year; 10 per cent during the second year; and 5 per cent during the third year.

Termination date? At the end of three years; or when the first doctor returned from service (if within that period); or when and if the second doctor violated their agreement. In case of such a breach, the first doctor would become entitled to half the second doctor's accounts receivable.

That's the general outline of a time-tested arrangement. Note carefully, however, that filling in the details is a job for three: the service-bound doctor, his prospective replacement, and—most important—an experienced attorney.

Worth More, Paid More

In these days of specialties, subspecialties, and near-specialties, the lot of the general practitioner is not entirely a happy one. For example:

¶ The G.P. is invariably the first to be routed out of bed at 3 A.M.—and often the last to be paid.

¶ His referrals help fill the specialist's and the hospital's coffers; yet sometimes he's overlooked when staff privileges are dealt out.

¶ He and his fellow G.P.'s comprise about half the doctor-population of the country; yet they've seldom exerted much influence on the profession's collective policies.

Despite these occupational handicaps, however, a surprising swing toward general practice is under

way. A decade ago, only one medical student in ten planned to become a G.P. According to the latest official count, six out of every ten who've decided say that they'll take up general practice.

What's behind this trend? Not only a new appreciation of the satisfactions of family doctoring, but also an economic lift. One of the most significant findings of the Seventh MEDICAL ECONOMICS Survey, as reported elsewhere in this issue, is this: *Average earnings in general practice today are more than 100 per cent higher than in 1943.*

And why are G.P.'s being paid more? Because, it seems clear, they are worth more. With the new drugs at their disposal, for example, they can successfully treat diseases that not so many years ago baffled the most skilled specialist.

Their training has improved, too. Such recent innovations as G.P. residencies and the G.P. academy (which requires 150 hours of refresher study every three years for continued membership) have helped boost the general men's earning power. So today, income-wise, they're closing fast on the specialists.

As this word gets around, it's reasonable to expect further dramatic developments. Many more young men choosing family practice; an elevation of the G.P.'s professional standing; a reversal of the trend toward over-specialization—all these now seem possible. That's why we consider the G.P.'s economic resurgence as good news for us all.

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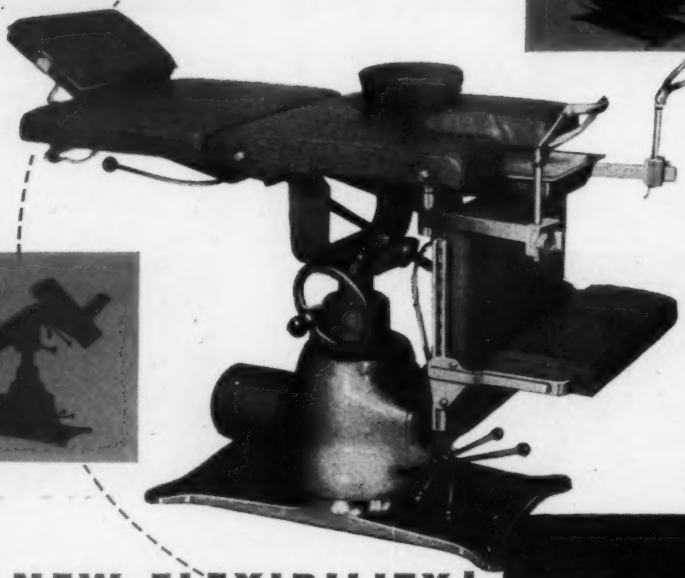

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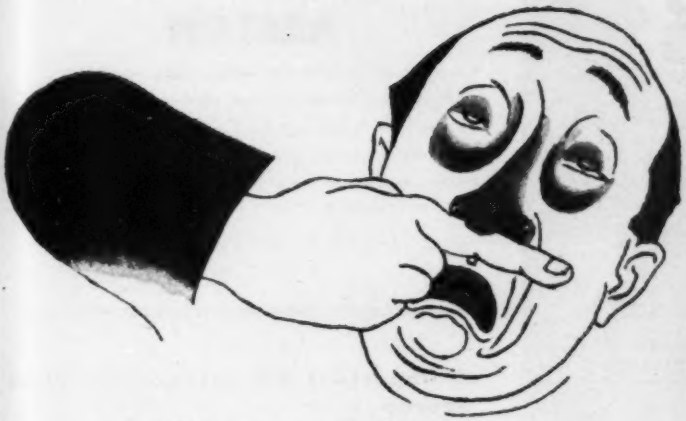
1. Behrman, H. T., Combes, F. C., Bobroff, A., Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.
2. Turell, R.: New York St. J. M. 50:2282, 1950.
3. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives Pediat. 68:382, 1951.



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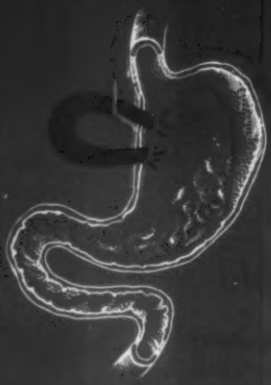

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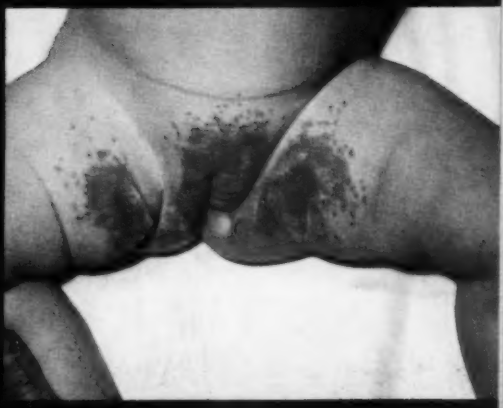
healing . . . . soothing . . . . protective

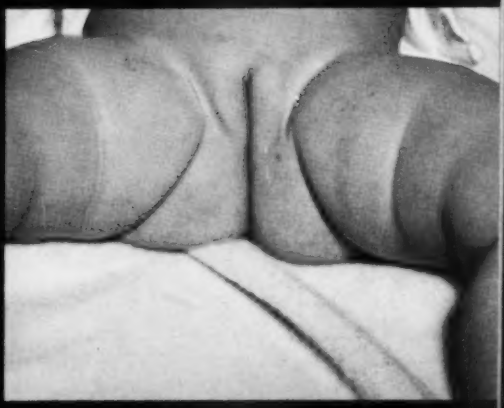
a



a August 25. A typical case of diaper rash, characterized by excoriation and soreness.

Vitamin A and D Ointment

b



b September 1. After only one week of local inunctions with Vitamin A and D Ointment each time diaper was changed, the skin surface is normal.

Vitamin A and D Ointment presents the natural A and D vitamins in a pleasantly fragrant lanolin-petrolatum base. It does not stain the skin.

healing . . . . soothing . . . . protective

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c

Whites

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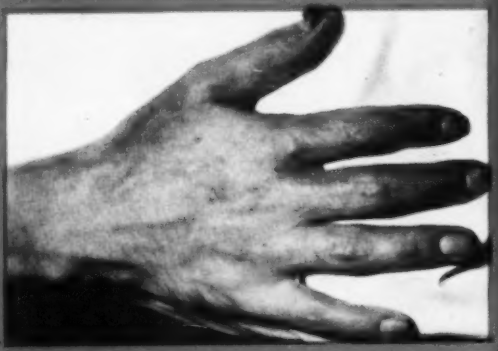
d



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pc

Please send me physician's sample of Vitamin A and D Ointment.

M. D.

c **September 25.** Second and third degree burns caused by flaming gasoline. Gauze pressure dressings of Vitamin A and D Ointment were changed at weekly intervals.

d **October 25.** Healing is complete, with minimal scar tissue and no contractures.

Editorial

Tax Trouble

● One luxury that our profession can no longer afford is a casual attitude toward income taxes.

"So who's casual?" you may ask.

Enough doctors to draw twenty-one jail sentences and fines for tax evasion during fiscal 1952. Enough doctors to draw many times that number of cash penalties. Enough doctors to put our profession *third* among all occupational groups in tax cases recommended for criminal prosecution.*

These figures—fresh from the Bureau of Internal Revenue—are worth mulling over. It's not that dishonesty is rampant among physicians; quite the reverse is true. The men involved are a tiny minority, and gross carelessness is often their worst fault. Yet look what it does to the rest of us:

Each new case encourages Revenue agents to sniff suspiciously through the financial records of many more doctors. At the very least, this costs us time and money. It *may* cost us a lot more; for such investigations have a way of stirring up unpleasant publicity.

The cumulative effect is well illustrated by this recent remark from a Revenue Bureau official: "A doctor already has one strike against him when he mails in his income tax return."

What can we do about it? These three things:

1. *We can keep our own records above suspicion*—if necessary, hiring an accountant to whip them into shape. Complete records generally speak for themselves—which is better than having to explain them in person to a Federal tax investigator.

2. *We can help spike the notion that doctors needn't be too careful in accounting for cash receipts.* Whether or not this was ever true, it isn't today. Cross-checks being used in selected cases include a study of bank records; a review of expensive trips or purchases; interviews with patients or, sometimes, with colleagues; and a comparison of reported income with increases in net worth.

3. *We can help publicize the penalties that are being handed out.* Only a fool would knowingly risk such things as prison, loss of license, total destruction of a practice. And medicine has no room for fools.

—H. SHERIDAN BAKETEL, M.D.

*Gamblers and auto dealers head the list. Textile men, who used to rank third, were displaced this year by medical men.

WHAT'S YOUR DRAFT

doctors as replacements over the next three years. Top-

Older non-veterans are next—but you can probably relax

● "I'm a 46-year-old physician, registered with Selective Service, in Priority 3, and recently classified 1A. I've just read that the pool of Priority 1 and Priority 2 men is nearly exhausted. Naturally, I'm anxious to know whether this means I'm going to be called soon."

This letter, from an Illinois doctor, is typical of hundreds now reaching local draft boards. Like the others, it reflects the uncertainty that clouds the future of some 33,000 physicians.

As yet, Selective Service officials can't do much to dispel the clouds. Officially, they say that drafting of Priority 3 doctors will probably start soon. But unofficially, they admit that there are a good many imponderables.

A doctor's draft status depends in part on things he can measure for himself: his age, his health, and medical conditions in his community. Just as heavily, though, it depends on less clear-cut factors: on the number of his colleagues who are ineligible for the draft, and on Pentagon commissioning policies. As of now, draft officials apparently know little about either.

But this much can be said: Unless the military situation changes radically, the odds are that no private practitioner now 45 will have to put on a uniform. In fact, Selective Service officials say privately that a doctor has better than an even chance of remaining a civilian if he's now over 40.

This holds true even for Priority 3 physicians who've already been classified 1A. Such classification is merely a first step toward considering any potential draftee, since a local draft board can't order a man to take a physical exam until he's been classified. And in every case the results of a physical must be known before a decision can be made.

STATUS? Armed forces need more than 17,000 priority names on draft lists have already been used up. if you're over 45.

By Ralph Seymour

Let's take a look at the reasoning behind the statement that you're not likely to be called if you're much over 40:

U.S. armed forces should reach their peak strength of 3.7 million men sometime next spring. Pentagon plans call for a ratio of about 3.7 doctors per 1,000 servicemen. So at peak strength, the services will need about 14,000 physicians.

There are almost that many M.D.'s already in uniform. But the duty tours of more than one-third of these are nearly over. Here's the latest estimate of the replacements required in each of the next three years:

1953	5,900
1954	4,100
1955	7,200

So, unless there are changes in military manpower goals, the armed forces will have to tap some 17,200 additional doctors before 1956.

Non-veteran medical graduates of the classes 1952 to 1954 (who should finish interning in the years 1953 to 1955) will probably number about 8,200. It's safe to assume that most of these will meet the services' physical standards. In all likelihood, those who do will be inducted, for the policy is to take the youngest men first. This will leave about 9,000 doctors to be recruited from other sources.

Priorities 1 and 2 include Government-educated physicians with no military service and doctors who've served less than 21 months. But both these pools have been drained almost dry; so the 9,000 replacements must be found in Priority 3.

Though no breakdown by age has been compiled, the great majority of the 33,000 doctors in Priority 3 are doubtless in the 35-to-50 age bracket. The upper limit is fixed by Public Law 779—the doctor draft law—which exempts physicians who have reached their fifty-first birth-

day. The lower limit stems from the very definition of Priority 3 doctors: men with no previous military experience who were not educated at Government expense or deferred for educational reasons.

Except for wartime graduates rejected on physical grounds, most of the doctors in Priority 3 must therefore have completed their medical educations prior to 1941. So the youngest of them can't be much less than 35.

If age were the only consideration, the required 9,000 doctors could probably be recruited from men now under 39. But there *are* other considerations. An important one is health.

Even though the minimum physical standards for doctors have dropped sharply since World War II, rejections have been running at an alarmingly high rate: 25 per cent for physicians in their early 30's; almost 40 per cent for older men. As a result, the pool of eligible doctors shrinks, with a resultant rise in the maximum age of men likely to be taken.

The pool shrinks again when you consider the "indispensable" doctors—men whose absence would seriously lower health standards in their communities. The shrinkage here is limited. A deferment on grounds of community need is usually only a temporary one—for a year, at most, during which time the community is supposed to find a replacement. Still, some physicians—certain specialists and educators, for

Can the Army Draft You as a Potato Peeler?

Inducted as a private, Dr. Stanley Orloff left a civilian job as senior psychiatrist for New York State and was put to work scrubbing test tubes as a lab technician.

instance—can't be replaced at all.

It would almost appear that physical rejections and "indispensability" must force the services to grab every other available physician in Priority 3. But there's one big reason why they probably won't:

The Pentagon's own commissioning policies are likely to keep older doctors out of uniform, even when they're physically fit. No formal rules have been issued yet. But tradition dictates that a physician in his late 30's be given a captaincy or a majority. And a doctor in his late 40's usually rates a lieutenant colonelcy.

These, however, are the grades of hospital supervisors and administrators. And the services already have enough such men. There's a good supply of younger doctors who've been seasoned in Korea and are far better qualified for the top spots than the middle-aged civilians who would be their superiors. As one Selective Service official puts it:

"What we need now are junior officers who can make ward rounds or operate for eight hours a day. We need more Indians, fewer chiefs."

What will happen, then, if Priority 3 can't furnish enough able-bodied, company-grade physicians to meet the needs? No one at the Defense Department or Selective Service is willing to say. But top officials seem to be glancing uneasily at the 48,000 veterans in Priority 4. They've already done their military stint—but many of them are still young. END

● Can the Army draft surgeons to wash dishes, psychiatrists to clean test tubes? Or does a doctor have an inalienable right to practice medicine? The only physician now serving in the Army as a private is petitioning the U.S. Supreme Court to consider such questions, in what may be a test case of the legality of the doctor draft.

The physician, Pvt. Stanley Orloff, has challenged the Army's authority to draft an M.D. and assign him to non-medical duties. Though recently given the duties of a psychiatrist at Madigan Army Hospital, Tacoma, Wash., he spent ten months slogging through basic training and doing the menial tasks of a laboratory technician.

This will be the fifth time his case has come to court. It attracted little attention until last February, when a courtroom interchange brought up the issue of the Army's right to draft and assign medical men indiscriminately:

Judge: "Is it your contention that you could draft all the doctors in the United States under 51 years of age . . . and use them as something else?"

Army spokesman: "Yes, sir!"

Promptly news- [MORE ON 201]

Partnership Practice:

By Henry C. Black and Allison E. Skaggs

• About 15 per cent of all private physicians, according to the U.S. Department of Commerce, practice as members of a partnership. Another 15 per cent seem to be pointing in that direction to the extent of sharing office expenses.

And the remaining 70 per cent? We'd guess that many have thought seriously about the idea, or are doing so now, or will in the not-too-distant future.

We see signs of this widespread interest every time a new report on partnerships comes out. Last year, for example, the Department of Commerce made public its finding that "physicians who practice as members of a partnership *earn strikingly more* than those who practice alone." Soon afterward, we got a call from a young doctor who was finishing his OB residency in a nearby city. He'd decided to go into partnership, he explained, with two friends who had just started solo practice in a neighboring state.

His friends—a surgeon and an internist—already

**This article is the first of a series that will cover the main aspects of partnership practice, including how to get started, the division of income, the written agreement, and dissolution provisions. The*

had a three-man office lined up. They were convinced that partnership would be their springboard to success; they merely wanted advice on a few remaining organizational details.

Yet all the elements seemed to us wrong. For one thing, the three men apparently wanted to join forces for the wrong reason: more money. (Actually, there's little evidence that partners earn more simply because they *are* partners.)

For another thing, they had the wrong combination of specialties. Their fields were exceptionally well covered locally. And a mixed-specialty partnership seldom draws many referrals (other doctors feel it doubles or triples their chances of losing the referred patient).

Finally, the young doctors would have had to build three practices at once—a task more than three times harder than building just one. Yet they planned to start out cold, without any trial arrangement to see how well they got along. [MORE→

authors gained their experience in such matters through twenty years of operating Professional Management of Battle Creek, a firm that today has doctor-clients in a dozen states.

Its Pros and Cons

If you've ever thought about teaming up with a colleague, this expert advice is for you

At our urging, they decided to practice separately a while longer, though all in the same locale. They soon found that they couldn't make a go of it there. Later they moved to different towns, with considerable success—and without the complications of a partnership that had failed.

Distilled From Experience

This case illustrates something we've felt for a long time: that many doctors are interested in partnerships without fully understanding them. This series of articles is an attempt to close the gap.

The pointers we offer here are not wholly original with us. They have been distilled from the experience of 125 medical partnerships in Michigan, plus a smaller number in other states.

Of course, when you help set up that many partnerships—and, especially, when you help dissolve some of them—you can't avoid arriving at your own conclusions. Ours, however, will be backed up wherever possible by real-life examples known to us (naturally, with the identifying details disguised).

Small Partnerships Best

First, let's make it clear that we're talking about the *small* medical partnership—the kind where two or three doctors share ownership, income, and expenses. This is far and away the most popular type. In fact, according to the Commerce Department, two-thirds of all physicians in partnerships are members of two-man units.

Besides being the easiest to form, two-man partnerships are in many ways the most satisfying. They preserve the advantages of solo practice (for example, you don't have to submerge your professional identity, as in a larger group). Yet they offer benefits that aren't ordinarily available to you when you practice alone.

What, exactly, are these benefits? It may be instructive at this point if we take a down-to-earth look at them:

Why Form One?

Consider, as a starter, the professional advantages. *Better facilities* are a distinguishing feature of most partnerships we've seen. It's practical for two or three physicians to purchase equipment that one alone wouldn't have enough use for—diathermy, say, or X-ray, or ECG. And partners often invest in facilities that, singly, they couldn't afford—for example, a new office building, or a complete laboratory set-up, with trained technicians to run it.

Another professional advantage is *easy consultation* on problem cases—which, of course, helps to keep both partners on their toes. And, while each still runs his own practice, he gets *continuous cover*. This means that his patients are in good hands (his partner's) during his convention trips, sick spells, and days off.

Consider, too, the financial benefits. The greatest of these is prob-

What Patients Want Most

ably *stabilized income*. This shows up particularly in the case of the senior-junior partnership. Thanks to the division of earnings between them, there's no starvation period for the young doctor; and the older man maintains his income for a longer period of time, while avoiding the income peaks that mean almost confiscatory taxation.

Thus, the sharing of income tends to level it from year to year. And with our tax structure as it is today, you come out ahead if you can keep your earnings rising in a gentle curve, instead of moving in great, jagged spurts. (Take a doctor whose earnings increase gradually from $15,000 to $25,000 over a five-year span. We've seen such a man end up with more take-home pay than a doctor whose annual income during the same five years ranged from $5,000 to $40,000. Their *total* incomes were about the same, but the steady earner paid appreciably less in taxes.)

Death Benefits

Besides stabilized income, a partnership also offers maximum *liquidation value*. In one recent instance, this meant that a deceased doctor's estate got almost $8,000 more than would have been received if he'd been in solo practice. Let's see why:

When a partner dies, the surviving partner is generally committed to (1) buy up the partnership's assets, (2) collect its outstanding bills, and then (3) pay the deceased's estate his full share. In the case cited, the partnership owned equipment worth $6,000 (depreciated value) and had $18,000 in patient billings on the books. Nearly half the $24,000 total—$12,000, less collection losses—was eventually paid to the dead man's widow.

Now, suppose this doctor had practiced alone. Because of legal restrictions, nothing would have been done about liquidating his practice for at least thirty days. By that time, his patients would have lost much of their incentive to pay what they owed; his secretary might have moved on to another job; and his widow couldn't have expected much of a price for his equipment. Conceivably, this sort of liquidation might bring in not much more than $4,000—contrasted with nearly $12,000 made possible by the partnership agreement.

If Sickness Strikes

One other financial advantage of partnerships ought to be mentioned here: *disability protection*. If a partner falls ill, his income continues just the same—at least within liberal limits. The same holds true in the case of family emergencies.

Not long ago, the wife of an Illinois doctor became seriously ill. For a full month, while concentrating on getting her taken care of, he had to drop almost everything else. If he'd been on his own, his practice might have melted appreciably. As it was, neither his earnings nor his patients were seriously affected. His partner made the difference. [MORE ON 191]

How to Deal With Problem Patients:

The Talker

● Physicians seem to agree that one of the greatest menaces to their schedules, their nurses, and their nerves is the "gabby" patient. Yet I know one man—let's call him Dr. White—who no longer has this problem. He and his receptionist, Miss Gray, have worked out a six-step procedure for muffling the monologists:

Aide Tags Them

1. Miss Gray tries to have a brief initial chat with every new patient. Casual comments sometimes fail to smoke out the talkers, but direct questions seldom fail. ("Did you have any trouble locating a parking space?" or "Do you find this cold weather awfully trying?")

Within a moment or two after some such come-on, Miss Gray usually spots the compulsive talker. She then checks his card with a blue pencil—her signal for alerting the doctor.

Then Jogs Them

2. On the theory that one way to cope with these individuals is through subtle time reminders, Miss Gray introduces the patient to the doctor thus: "This is Mrs. Green, Doctor. Your next patient will be here promptly on schedule." [MORE→

By David Rutherford

**The author, who writes here under a pen name, is a clinical psychologist on the staff of a state hospital.*

This reminds Mrs. Green that her appointment can't last forever. Yet since no definite time is mentioned, the doctor can lengthen or shorten the interview as he sees fit.

Doctor Reminds Them, Too

3. In filling out a long medical history form, the doctor says something like this: "There are quite a few questions I must ask you so as to get a detailed record of your case. I don't want to take your time unnecessarily, though; so suppose we get the details down on paper as quickly as possible. We'll then have plenty of time left to talk about the important things: the diagnosis of your condition and its treatment."

How You Say It

4. Dr. White phrases his questions especially with care. He's learned that the more general the question, the longer the answer. For instance, "How have your headaches been lately?" may invite an avalanche of words. But "Exactly when have you had headaches this week?" demands—and usually gets —a specific response. If the doctor thinks a demonstration will be briefer still, he asks the patient to *show* him something rather than *tell* it.

Interrupting Tactfully

5. When necessary, the doctor doesn't hesitate to interrupt a talker. Such people are used to being interrupted by others; so they're not likely to take offense if someone breaks in on them diplomatically.

It isn't enough, though, just to clear one's throat or make a restless gesture. Dr. White interrupts in a voice as loud as the patient's and in firm, decisive tones. Yet he does it with tact—beginning, if possible, with a compliment: "You've explained your dizzy spells so clearly and well that we can now go on to the matter of your shortness of breath. Tell me . . ."

Buzzer Device

6. When a patient simply won't be shut off after a reasonable time, the doctor signals Miss Gray by means of a concealed buzzer. She then enters with an urgent message: "Doctor, I'm afraid you've run overtime. Those X-rays are here now and must be looked at just as soon as possible." She always chides the doctor, never the patient.

"The talkers will always be with us," concludes Dr. White. "The trick is to get them in and out quickly, yet without offending them. My own experience convinces me that this isn't too difficult if you recognize the problem for what it is and apply a little simple psychology to its solution." END

Dr. White uses six check-reins on overtalkative patients. Have you found other, better ones? Or have you ever had a particularly instructive or amusing experience that may shed some light on the subject? Send us your ideas or anecdotes; MEDICAL ECONOMICS *will pay* $10 *for each of these that is published.*

Uniform Malpractice Rates–At Last

The insurance companies that write most of the business are now offering a standard policy at a standard premium

● Last spring, a Minnesota physician could buy a malpractice insurance policy with $5,000/$15,000 limits for as little as $24 a year from one insurance company. Yet the very same type of policy would cost him as much as $60 a year from another company.

In most other sections of the country, doctors faced a similar situation: Rates varied widely from company to company, and the reasons seemed to defy analysis.

A few companies deliberately kept their premiums high because they weren't anxious to write malpractice coverage. But the main reason for the spread in rates was simply this: Few companies ever wrote enough policies in any one area to give them a solid statistical base on which to compute proper rates.

With statistics in short supply, they had to depend largely on educated guesswork. In some cases, this proved a poor substitute, and the companies took a financial beating. As a result, several even withdrew from the malpractice field.

Now, a group of stock companies that write the bulk of the country's malpractice insurance have cut down the guesswork. Through the National Bureau of Casualty Underwriters, they've worked out a standard policy form and premium schedule. This has already been accepted for use in all states except Texas and Washington, and these are expected to approve it soon.

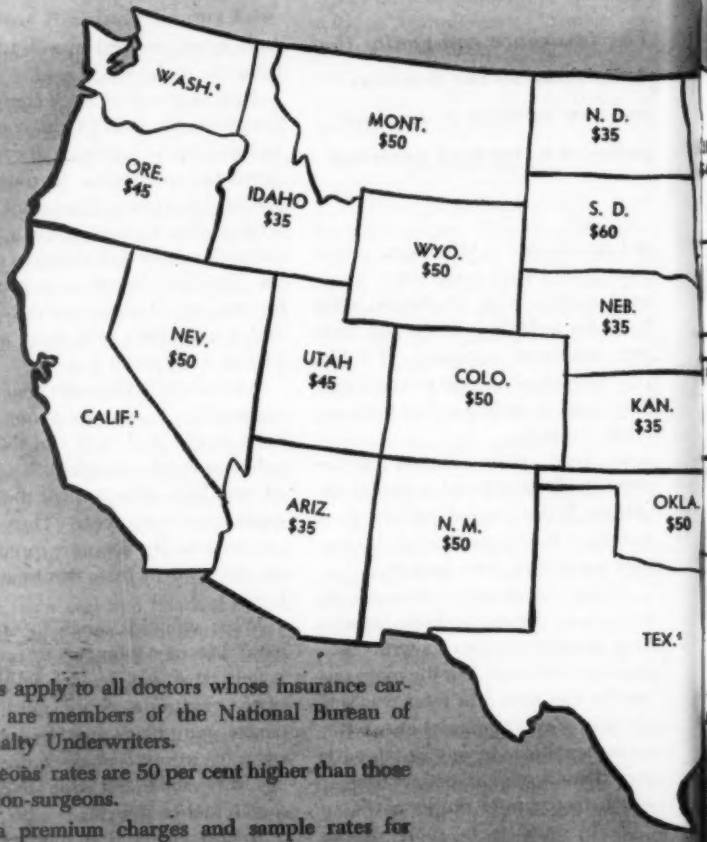
All bureau companies that write malpractice insurance–about thirty have in the past–will use the new policy and rate schedule. By doing so, they'll be able to pool their risk experience each year. Thus, they can eventually set new premiums on the basis of their combined statistics.

What will this mean to medical men? For one thing, more order in a field that has been notable for costly confusion. Since most companies will now provide uniform coverage at uniform rates, the average M.D. will find it easier to choose a malpractice policy.

It also means that most doctors can expect their premiums to be more stable than they've been in the

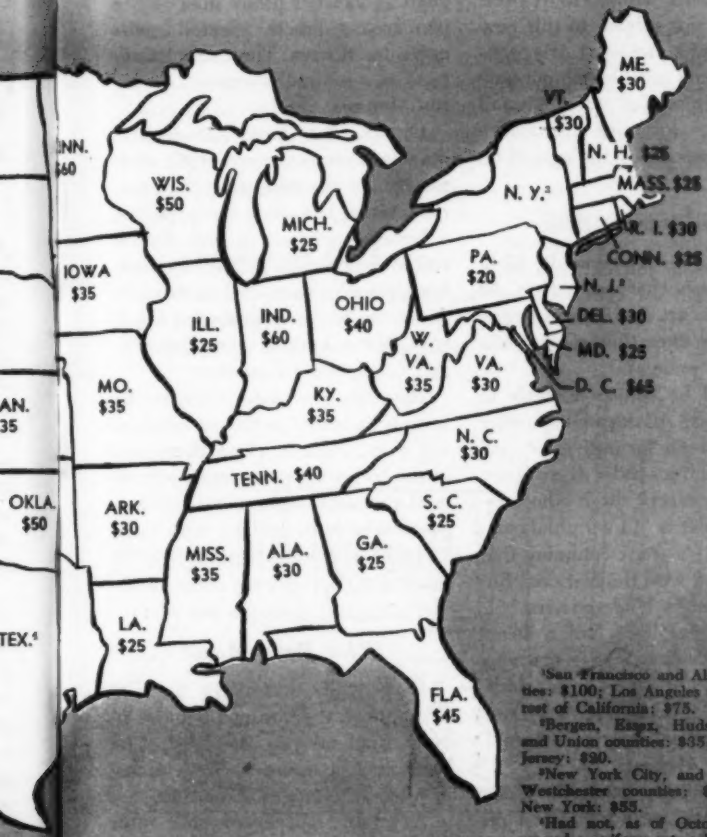
By Roger Menges

How The New Rates Compare



- Rates apply to all doctors whose insurance carriers are members of the National Bureau of Casualty Underwriters.
- Surgeons' rates are 50 per cent higher than those for non-surgeons.
- Extra premium charges and sample rates for higher limits are given in accompanying text.
- Average nationwide rate for non-surgeons, with policy limits of $5,000/$15,000: about $40.

Annual charges, by state, for non-surgeons with policy limits of $5,000/$15,000



[1]San Francisco and Alameda counties: $100; Los Angeles county: $90; rest of California: $75.

[2]Bergen, Essex, Hudson, Passaic, and Union counties: $35; rest of New Jersey: $20.

[3]New York City, and Nassau and Westchester counties: $75; rest of New York: $55.

[4]Had not, as of October 15, approved a uniform rate schedule.

SOURCE: National Bureau of Casualty Underwriters. Map copyright 1952. Medical Economics, Inc.

past. The single rate charged by the thirty or so companies is likely to show gentler ups and downs than an individual company's rate, since the former rests on a broader statistical base.

Even doctors whose insurance carriers are not subject to this new program may be affected. It's probable that some outside companies—especially those that write a small volume of malpractice insurance—will be influenced by the agreed-on rates.

Rates Due to Rise

The new rates are generally higher than those charged before. So many doctors are due for a premium hike the next time they renew their malpractice policies.

Who will be subject directly to the new rates? All doctors—whether insured through an individual policy or through a medical-society group plan—*except* those whose insurance carrier is (1) a mutual company, or (2) a stock company that isn't affiliated with the National Bureau of Casualty Underwriters.

There are at least half a dozen mutual companies writing malpractice insurance today. The big four: Employers Mutual, American Lumbermens Mutual, American Mutual, and Liberty Mutual.

The only major stock companies selling malpractice coverage that aren't bureau members are St. Paul-Mercury Indemnity and Medical Protective (which operates in eighteen states and probably does as much business as any other company in the field).

Which Doctors Affected?

Thus, Alameda County (Calif.) doctors who are members of their medical society's group malpractice plan are not directly affected by the new rates. Reason: The insuring company is a mutual company, American Mutual.

On the other hand, Connecticut doctors insured through their state society *are* affected, since their carrier, Aetna, is a stock company and a bureau member. So are doctors whose malpractice policies are written by such other stock companies as United States Fidelity and Guaranty, New Amsterdam Casualty, and Commercial Casualty.

How the new rates compare by state is indicated in the accompanying map. Figures cited there and in the following paragraphs are annual premium charges for non-surgeons who have policies with basic ($5,000/$15,000) limits ($5,000 maximum damages per claim, $15,000 maximum damages per year).

Who Pays Most?

In general, doctors in the Far West must pay the most; those in New England pay the least. The basic new premium for the country as a whole averages about $40.

As might be expected, basic rates are higher in New York City ($75) and in California (from $75 to $100, depending on locality) than anywhere else. Doctors in Pennsylvania

and parts of New Jersey pay the lowest basic rate ($20).

Some noteworthy variations: The basic premium in South Dakota ($60) is almost twice that in North Dakota ($35). And the Indiana rate ($60) is more than twice that in neighboring Michigan and Illinois ($25).

Rates for doctors who do major surgery are 50 per cent higher than those for non-surgeons. Arkansas surgeons, for example, pay $45 for basic limits; Pennsylvania surgeons, $30.

Surcharges for Some

There are also *extra* charges for the following:

¶ *Doctors who give X-ray therapy:* 150 per cent of the non-surgeon's rate. Examples: An Alabama non-surgeon who does X-ray therapy pays an extra charge of $45, or a total of $75. An Alabama surgeon pays the same extra charge, but a total of $90.

¶ *Doctors who employ other M.D.'s:* 50 per cent of what each M.D.-employe would pay for his own policy. Example: In Alabama, you pay $15 for a non-surgeon in your employ; $22.50 for a surgeon-employe.

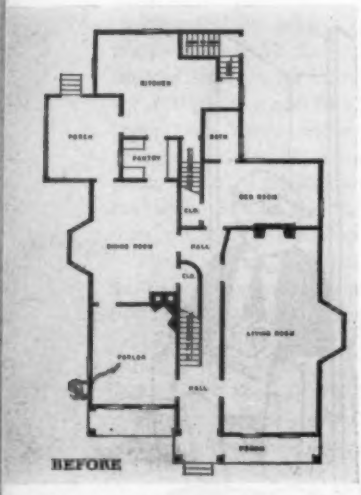
(Such an extra charge, of course, protects *you* against the acts of others. But they must have individual coverage for their own protection.)

¶ *Doctors who* [MORE ON 189]

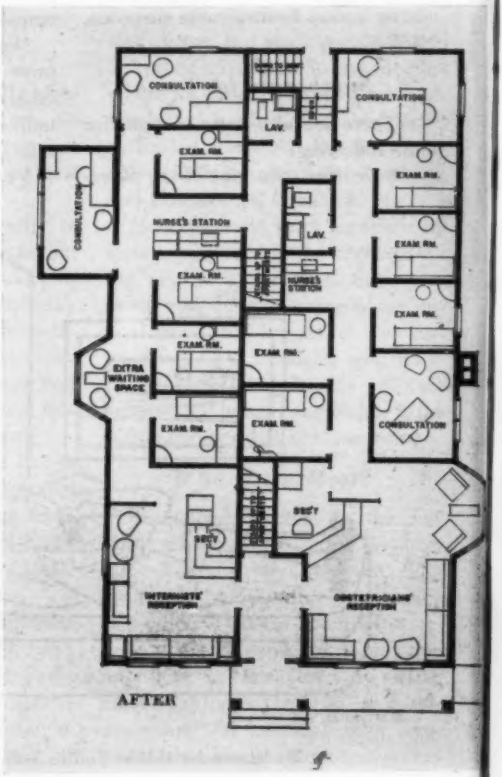
"My bartender thinks you're even nuttier than I am."

Four Doctors

Hundred-year-old roof and outside walls, preserved to maintain residential flavor of neighborhood, contrast sharply with modern medical set-up inside.



Large, old-fashioned rooms were divided into trim cubicles; new section was added at right rear.



Convert Century-Old House

● Is it a good idea to buy an old house and convert it into a medical office? In the light of their own experience, four Battle Creek, Mich., specialists think it is.

These doctors practiced formerly in the downtown business section of the city. Rents were high, and patients often complained about parking problems. Furthermore, the doctors had to cross a busy railroad track to get to their hospitals and were often delayed by passing trains.

With an eye toward moving, they investigated "Old Maple Street," a residential district that was both literally and figuratively on the right

By Roger Menges

Red-oak paneling and plywood were used to modernize inside, as in internists' reception area, shown here. Doctors describe space as "adequate but not generous." More space is at their disposal in basement.

side of the tracks (the same side as the hospitals). Likeliest prospect for office space there was a run-down 100-year-old dwelling that had been used intermittently as a boarding house. Though its age and condition were against it, the building's location and ample parking facilities appealed to the doctors. After checking with building experts, they decided it was sound enough to be remodeled.

The building cost $25,000, and the renovation came to even more. On the face of it, this may seem a pretty steep price to pay for what is still an old building. But the final cost to them, the doctors figure, was actually less than for equivalent space downtown.

For their outlay, they got two tailor-made medical suites—one for Obstetrician Richard J. Campbell and his associate, John Power; the other for two internists, George W. Slagle and Robert Brown, whose practices are largely diagnostic. The second floor was converted into rental apartments.

Outside of a general reconditioning and a small addition, the exterior was unchanged. But the interior was given a major overhaul under the direction of Chase Black, of the architectural firm of Binda and Haughey, Battle Creek.

One tricky remodeling problem was the twelve-foot ceiling in all first-floor rooms. To keep the new treatment cubicles from seeming like cracker boxes set on end, Black put in a new ceiling eight feet above the floor. He used the space between old and new ceilings to house the ducts of a forced-air heating system.

For anyone planning a similar renovation, the people associated with this one offer an important piece of advice: *Make sure the building is basically sound.*

This is important, they point out, because such a renovation is usually done on a cost-plus basis; and that can run into money if the building turns out to be less sturdy than originally believed. In this particular case, the cost of renovation ran more than 50 per cent higher than preliminary estimates. Even so, the doctors like what they got and consider it a bargain. END

Snootful

• When I'd completed the physical, the patient asked me what was the matter.

"I don't exactly know," I replied, "but I think it's because of overdrinking."

The patient nodded understandingly. "That's O.K.," he said. "I'll come back when you're sober." —M.D., NEW YORK

Your Economic Weather Vane

A report on the

Seventh MEDICAL ECONOMICS Survey

The facts in the following pages stem from the replies of about 5,000 practicing physicians to a questionnaire sent them by this magazine in April, 1952. These doctors constitute a representative cross-section of the profession; the information they supplied covers many phases of the economics of private medical practice in the U.S. In our first installment of survey data last month, we discussed the "average" physician, doctors' political affiliations, and fees. This month we take up the general practitioner and the specialist. In the months ahead, we'll analyze such matters as incomes, expenses, collections, working hours, patient load, and assistants. For a detailed account of how the Seventh MEDICAL ECONOMICS Survey was conducted, see page 96.

Your Economic Weather Vane
(Cont.)

The Average G. P.

• Results of the Seventh MEDICAL ECONOMICS Survey indicate that the average general practitioner is better off now, economically speaking, than at any time in the past. What's more, this trend seems likely to continue.

The independent G.P. reports an average gross income, for instance, of $23,766 for 1951. His net income in that year, before taxes, was $14,098—a rise of almost 50 per cent since 1947, and of more than 100 per cent since 1943.

Meanwhile, the financial gap that once sepa-

The composite portrait presented in this article shows the average independent general practitioner in 1952. Some of the figures given (e.g., those on incomes and expenses) are necessarily for 1951. Independent G.P.'s are those in private practice who derive more than half their net income from fees.

rated him from his specialist colleague is narrowing. In 1943, he netted little more than half as much as the average specialist. In 1947, he netted about two-thirds as much. Nowadays he nets about four-fifths as much.

Of course, there are good reasons why the G.P. *should* be doing well:

For one thing, he puts in longer hours than most other doctors—an average of sixty-two a week. So when his income is figured on an hourly basis, it becomes a shade less impressive. His average hourly net income of $4.58, while a respectable sum, is at least two dollars below the hourly figure for most specialists.

Then, too, consider the brisk working pace of the G.P. He sees thirty-one patients in a typical day. Twenty-three of them come to his office, so he has little chance for a breather during office hours. He must also find time during the day to see four hospital patients and four others on house calls.

The amount of money he spends on his car is ample evidence of his incessant activity: In 1951 the G.P.'s professional auto expenses came to $882, or as much as his office rent.

His total operating costs amount to $9,668—or 41 per cent of his gross from practice. Office rent and automobile upkeep, as already noted, are big items; but salaries, drugs, and supplies are even bigger, accounting in the aggregate for more than half his total professional outlay. The modern family doctor, this suggests, is a far cry from his legendary predecessor, who kept all his supplies in a little black satchel and whose only assistant was his horse.

But despite the benefit of expanded facilities, today's G.P. still gets most of his income in dribbles: a median of $3 for an office call, $5 for a

house call, $6 for a night call. Fortunately, he's been collecting more of his accounts of late; he now actually gets about 85 per cent of the money his patients owe him—a big improvement over the depression years, when he thought himself lucky to get 70 per cent.

Of course, not *all* his income comes directly from patients. Payments from Blue Shield and other medical-surgical plans are becoming more and more important to him. In 1951, Blue Shield-type plans paid him an average of $2,139. This is about two-thirds of the amount they paid the average specialist.

The G.P. writes an average of about 3,400 prescriptions a year, or twice as many as the typical specialist. And he's three times as likely to dispense some of the drugs he prescribes; in fact, three out of every five G.P.'s dispense to some extent.

The average G.P. gives 6.6 hours a week to charity patients—as against 7.3 hours given by the specialist. He gives $570 a year to charity—as against the specialist's $660. He carries $38,978 worth of life insurance, to the specialist's $48,001. And he has $44,216 invested in stocks, bonds, and real estate, against the specialist's $47,069.

Average Net Incomes of General Practitioners

By Community Size		By Years in Practice	
Under 5,000	$13,747	Under 10	$14,186
5,000-49,999	15,598	10-19	14,970
50,000-499,999	14,721	20-29	14,751
500,000-999,999	12,312	30 and over	9,274
1,000,000 and over	11,596	All years	14,098
All U.S.	14,098		

Your Economic Weather Vane
(Cont.)

Trends in Specialty Practice

• Specialists can hardly be classified as a homogeneous group. There's a world of difference, as every doctor well knows, between a psychiatrist and an obstetrician, between a radiologist and a pediatrician.

Because of variations like these, many of the economic findings in this section are expressed in terms of *individual* specialties, rather than *all* specialties. Yet people tend to use the all-inclusive designation, "the specialist," in the same way they use the more meaningful term, "the general prac-

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The figures in this article are, unless otherwise specified, averages for independent, full-time specialists. Some of the figures are for 1952; others (e.g., those on incomes and expenses) are necessarily for 1951.

titioner." So let's take at least a quick look at this illusory "average" specialist.

As you might expect, he's doing rather well. His gross income from practice in 1951 stood at $26,495; his net, before taxes, was $17,112. Both figures were all-time highs. From 1947 through 1951, his net income rose 18 per cent, his gross 14 per cent.

That's a big step forward, even though it doesn't match the giant stride of the general practitioner during the same period (see the preceding article for details on G.P. progress). But in most respects, the specialist is still somewhat better off than his G.P. colleague. Not only is his income higher than the G.P.'s, but his expenses are slightly lower: an average of $9,383 for 1951 (as against the general practitioner's $9,668). This means that he puts a relatively low 35 per cent of his gross into operating expenses.

Here are some other significant facts about specialty practice:

¶ Collections are somewhat less of a problem to the specialist than to the G.P. The average specialist collects 88 per cent of his accounts (as against the G.P.'s 85 per cent), and takes in $3,206 a year from Blue Shield and other health plans (compared with the G.P.'s $2,139).

¶ The average specialist, like the average G.P., reaches his income peak between his tenth and nineteenth years in practice. His income falls off rather steadily after that.

¶ The highest incomes for specialists show up in cities of 50,000-500,000; the lowest, in places of under 50,000 and in very large metropolitan areas.

So much, then, for full-time specialty practice as a whole. For data on individual specialties, turn the page.

Your Economic Weather Vane

(Specialty Practice—*Cont.*)

Median Incomes and Expenses in Selected Specialties

(Non-salaried practice)

Specialty	Gross Income	Net Income	Professional Expenses	Expenses as Per Cent of Gross
Dermatology	$20,000	$13,200	$ 6,800	34%
Ear, nose, throat	25,000	14,650	10,350	41
Eye, ear, nose, throat	25,868	14,000	11,868	46

Ear, nose, throat	25,000	14,650	10,350	41
Eye, ear, nose, throat	25,868	14,000	11,868	45
Internal medicine	18,500	10,935	7,565	40
Obstetrics/gynecology	24,500	16,000	8,500	35
Ophthalmology	23,000	14,600	8,400	37
Orthopedics	24,000	15,250	8,750	37
Pediatrics	20,000	12,500	7,500	38
Psychiatry/neuropsychiatry	18,000	13,000	5,000	28
Roentgenology/radiology	30,000	15,500	14,500	48
Surgery	25,000	16,000	9,000	36
Urology	25,000	14,500	10,500	42

Where income and expense figures are rounded off, the rounding-off is exactly as shown on the return of the median respondent in that specialty.

Survey Sidelights

¶ Psychiatry-neuropsychiatry easily qualifies as the most unorthodox of all specialties. Half the doctors in this group consider themselves independent politically; 72 per cent of them vote in favor of extending Social Security to private M.D.'s (whereas most physicians oppose it).

¶ The typical psychiatrist charges far more than other specialists for an office call—$13. But he also spends much more time per patient—an average of forty-three minutes—and sees only thirteen patients a day. Partly because of his low patient load, he has little need for office aides (only one out of three psychiatrists employs one or more); he has a relatively low gross income ($18,000, median) and low expenses ($5,000, median); and he writes rather few prescriptions (303 a year).

¶ Dermatology is a specialty of a different color. The dermatologist, an inveterate prescription writer, fills out 3,930 blanks a year—or thirteen times

the number of Rx's written by the psychiatrist. He also spends much less time per patient—only fifteen minutes. And he puts in a relatively short work-week of forty hours.

¶ The pediatrician, at the other extreme where working hours are concerned, puts in half again as much time as the dermatologist (sixty hours a week). But his hourly net income is lower than that of any other specialist: $4.54.

¶ The roentgenology-radiology group leads all other specialties in three respects: gross income, expenses, and patient load. The median gross income for radiologists is $30,000. But 48 per cent of that amount—$14,500—goes into expenses. As for patients, the average radiologist sees thirty a day.

¶ Surgery and obstetrics/gynecology are the fields with the highest median net incomes. The $16,000 figure reported for each is 46 per cent higher than the $10,935 net for internal medicine—which is apparently the lowest-paying specialty.

About the Seventh MEDICAL ECONOMICS Survey:

• It was in 1929—a few months before the stock market crashed—that MEDICAL ECONOMICS published the results of its first survey of the economic status of U.S. physicians. More recent surveys, made every few years since then, have examined the doctor's practice through the lean days of the depression, the exhausting days of World War II, and the unsettled days of the postwar period.

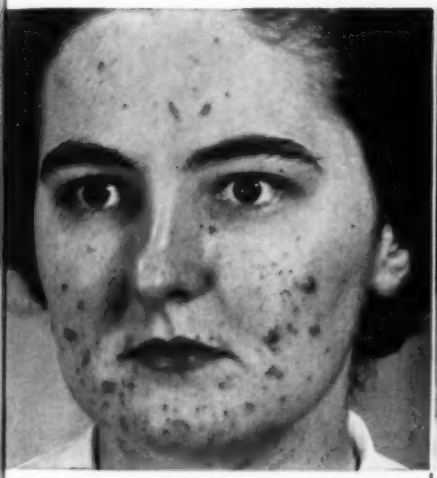
The findings of the different surveys have been as varied as the times they represent. Thus, the independent doctor's net income averaged $5,806 in 1928, $3,792 in 1935, $9,186 in 1943, and $11,300 in 1947. According to the seventh (and latest) survey, it reached an all-time high of $15,262 in 1951.

Despite changing times, however, each study has had the same basic purpose: to enable the doctor scanning the results to compare his practice with that of colleagues the country over. The Seventh MEDICAL ECONOMICS Survey—the most comprehensive yet attempted—should provide a more detailed basis of comparison than any of its predecessors.

The current study, like earlier ones, was planned and prepared for publication by the editorial staff of this magazine, with the technical aid of consultants in research and statistics. The detailed statistical work was done by the Columbia University Bureau of Applied Social Research; this work included such processes as checking questionnaires for accuracy, transferring the information to I.B.M. punch cards (three cards per respondent), and tabulating and computing the results.

Who participated in the survey? Copies of the questionnaire were

This case history shows how acne clears with Acnomel*



Before 'Acnomel'. Patient J.L., age 26, had suffered chronic acne for ten years. In addition, she suffered from a profound sense of inferiority; believed she was a social outcast.

After just 14 days of 'Acnomel' therapy. Some pustules remain, but no new comedones have appeared. Since lesions began to clear, J.L.'s mental outlook has brightened markedly.

Therapeutic Superiority. Acnomel's clinically proved active ingredients frequently bring definite improvement—not in months or weeks, but in days.

Cosmetic Excellence. 'Acnomel' masks unsightly acne lesions; yet it is virtually invisible when applied. Consequently, 'Acnomel' can be applied at any time during the day or before retiring.

Formula: Resorcinol, 2%; and sulfur, 8%; in a stable, grease-free, flesh-tinted vehicle. Available in specially lined 1½ oz. tubes.

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This is the third of a series of Norman Rockwell portraits, depicting patients typical of those you see in your everyday practice.

cal

problems do you see in this patient?

You see that she is somewhat exophthalmic. You see also that she is overweight. Perhaps less apparent is an even more common clinical problem: mental and emotional distress. Yet this distress either causes or complicates virtually every case you handle.

You will find 'Dexamyl' of unique value in managing the mental and emotional distress you see in your practice. 'Dexamyl' is a balanced combination of *two* mood-ameliorating components:

1. Dexedrine* Sulfate—the antidepressant of choice—to lift the patient's mood and provide a sense of well-being.
2. Amobarbital (Lilly)—the sedative that elevates mood—to relieve nervousness, anxiety, and inner tension.

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sent by direct mail to a cross-section totaling about one-third of the country's active, private physicians. It was also published in the April, 1952 issue of the magazine—which circulates, of course, to almost all private practitioners. Excluded from the survey group were doctors over 65, internes, residents, and physicians in full-time government service.

About 8,000 questionnaires were returned by the time statistical work was begun. Since this was a considerably larger sample than necessary for stable results, a free hand was used in discarding incomplete or inaccurate returns.

Other questionnaires were eliminated in order to make sure that the sample constituted a valid cross-section of doctors the country over. Actually, the unadjusted sample closely approximated the known distribution of physicians by three key variables: community size, geographic area, and years in practice. But it included a somewhat too great proportion of full specialists in relation to partial specialists and general practioners. So, by means of a system of random discarding that preserved the close correlation with the other three variables, a number of questionnaires from full specialists were removed. The finally adjusted sample closely followed a specialist-G.P. breakdown based on the number of active, private M.D.'s listed in the latest edition of the American Medical Directory.

The sample thus arrived at contained 5,009 questionnaires. Of these, 4,268 were returns from independent doctors (i.e., those who derive more than half their net income from non-salaried practice). All the survey breakdowns in this issue are based on the replies of these independent practitioners.

A favorite question about any survey—and one that's never easy to answer—is, "How reliable is it?" Our reply is that this one, within its limitations, is as reliable as honest, conscientious work can make it.

Admittedly, a survey of this kind has its limitations. Doctors with either very high or very low incomes may, for obvious reasons, have hesitated to fill out the questionnaire or may even have "adjusted" the figures slightly. Nor is there any guarantee of the accuracy of any doctor's responses.

Certainly the results would have been more acceptable, statistically, if they'd been based on a *full* response from a properly selected mail or interview group. But it's patently impossible to get a full response to questions that ask a man's income, political views, and the like.

Because the best approach wasn't feasible, we settled for the next best: We obtained a reasonably large sample from the entire profession and weighted it where necessary to assure a true cross-section. And our experience with past surveys has convinced us that the method is a good one; our findings in the past may not have been exact, but we feel that they were pret-

ty close to the true state of things.

Ours is essentially the method used by the Department of Commerce in its major survey of doctors' incomes in 1949. And it's worth noting that the department's figures correspond closely with ours, when interpreted in the light of the year and the age group covered.

Results of this study are being presented, several topics a month, in MEDICAL ECONOMICS. Breakdowns are made by such variables as years in practice, city size, geographic area, and specialty. The survey results are also to be published in booklet form.

To readers who filled in and returned the questionnaires that made the study possible, the editors extend their sincere thanks. These doctors have rendered a useful service both to themselves and to the profession as a whole. END

Cattle Breeder

• In the cattle trade they call it "Hereford fever." Once infected, the victim talks, sleeps—and eats—purebred Hereford beef cattle. There's no cure; and evidently the only palliative is to get a ranch; haunt cattle auctions; and buy, breed, and sell those low-slung, white-faced Herefords.

Dr. A. W. Spiry, of Mobridge, S.D. (pop. 3,000), exhibits a well-developed case of the fever. He caught it forty years ago as a boy, when his banker-father tried, rather unsuccessfully, to interest South Dakota farmers in Herefords. Today he owns a 2,300-acre

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Sugar-coated outer layer of *pentobarbital sodium* [redacted] induces sleep quickly

Enteric-coated middle layer of *butabarbital sodium* [redacted] goes into action later, to maintain sleep till morning

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combined for lower individual dosage, higher safety; both destroyed in liver—suitable for patients with renal disease[1,2]

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Pentobarbital Sodium	60 mg. (1 gr.)
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SUPPLIED: Bottles of 100 and 500.

*Trademark of The Central Pharmacal Co.

1. Council on Pharmacy and Chemistry, American Medical Association: New and Nonofficial Remedies 1951, Philadelphia, J. B. Lippincott Company, pp. 236, 240. 2. Dripps, R. D.: J.A.M.A. 139:148, 1949. 3. Douglas, H. S.: West. J. Surg. 59:238, 1951.

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ranch with some 100 registered Herefords in residence. And most of the ranch lies on Missouri River bottom land only a mile and a half from his Mobridge office.

With the ranch so convenient, Dr. Spiry whips out there for quick visits two or three times a week. He likes to ride his range in a jeep; and, as a means of inspecting the most Herefords in the least time, he uses a novel bulb horn that bawls like a troubled calf and brings inquisitive cows hurrying to the jeep. He knows them all by name, too.

On weekends, the doctor takes a hand at spraying the cattle for insects, tattooing calves, and checking the herd's well-being in general. The three full-time men who work the ranch always seem glad to see him, he says—but he knows they're equally glad when he goes home. "They work better when I'm not around," he admits. "I interrupt 'em too much. I just can't resist admiring and talking about the good points of each calf, and of his dam and sire as well."

Dr. Spiry began breeding Herefords just seven years ago. Since then, he has built one of the best, small, purebred herds in his part of the country.

While his main activity is running the Spiry Clinic, he also manages the Mobridge Hospital, serves as district surgeon for the Milwaukee Railroad, and is vice president of the South Dakota State Medical Association.

On the non-medical side, he organized and for two years headed the Mobridge Rodeo Association. This outfit, its posters say, puts on "the biggest and best Fourth of July rodeo in the Dakotas."

For other M.D.'s who dream of a cattle-breeding sideline, Dr. Spiry has a word of warning: It's no hobby for an absentee rich man. It means hard work, long hours, and a lot of worry. Don't go into it unless you really *like* cattle. And always get the best possible advice before you buy.

As a business, it's by no means risk-free. Last spring, the Missouri River flooded a section of Spiry's land, and he had to sell part of his herd in a hurry. The year before, on the other hand, he bought five choice cows at an average of $1,100 each; and the first calves of these animals brought him from $1,300 to $2,000 each.

The non-monetary rewards? Among them, says the doctor, is the fact that "You meet and deal with a great bunch of men—all of them honest. For instance: One of my best investments was a $7,500 calf that I bought over the phone entirely on the word of the seller. Show me another business where you'd dare invest your money like that."

But above all, he *enjoys* his hobby. "Funny thing how you get over being tired as soon as you get out in the country," he remarks. "Nervous collapses are rare among cattlemen."

Even, apparently, when they're doctors and have Hereford fever.

END

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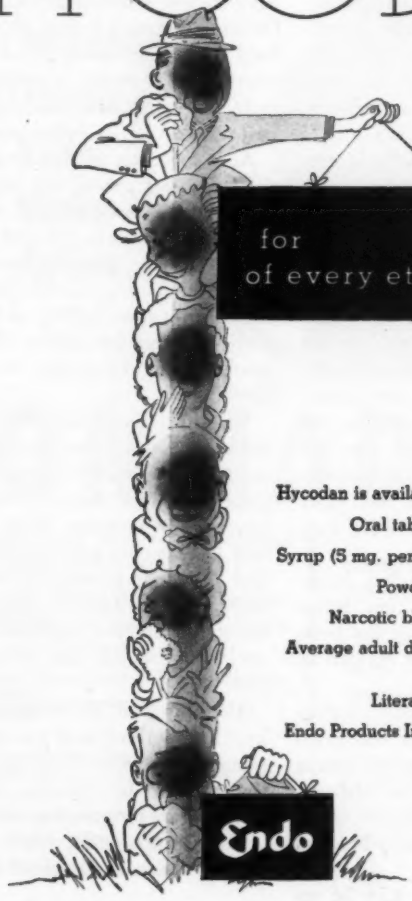

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Average adult dose, 5 mg.

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He may save you a lot of time, money, and trouble at remarkably small cost

● Albert Einstein once remarked that the job of making out a Federal income tax return is entirely too complex for a mere mathematician. *He* calls in a tax consultant.

Your tax problems may be simpler than Einstein's. But if your income stems from many sources and if your expenses approximate those of the average medical man, you would probably profit by following Einstein's example.

At the very least, a qualified tax consultant can take a load of paperwork off the physician's busy hands. What's more, he can probably effect a saving that more than makes up for his modest fee.

But best of all, the consultant's expert knowledge and experience can prevent trouble with the tax collector.

Remember, it isn't only the deliberate evaders who run afoul of tax laws. One prominent doctor was recently called to account by the Bureau of Internal Revenue for the third straight year. The tax agents know there was no intent to defraud; the doctor, an officer of his local medical society, is noted for his scrupulous integrity. But he simply can't cope with a tax return.

The tax consultant can help you save time and money in a dozen ways. The most obvious (and most important) is in making out your return—that is, in reducing your taxable income to rock bottom and in ferreting out every possible legal deduction.

To begin with, he'll trim from your income items that you'd probably—and mistakenly—consider taxable. For instance: "My clients often think a life insurance dividend is income," one consultant says. "But it isn't; it's really a premium rebate."

The really solid sums that he'll save you are found in the deduction column. One expert cut $300 from a doctor's tax bill last year by treating as a professional deduction the cost of attending medical meetings. The doctor would have listed this as "post-graduate training"—a non-deductible item.

The expert will also help you capitalize on obscure or unsuspected provisions of the tax code. He may, for example, show you how to increase the depreciation you can take

By Peter S. Nagan

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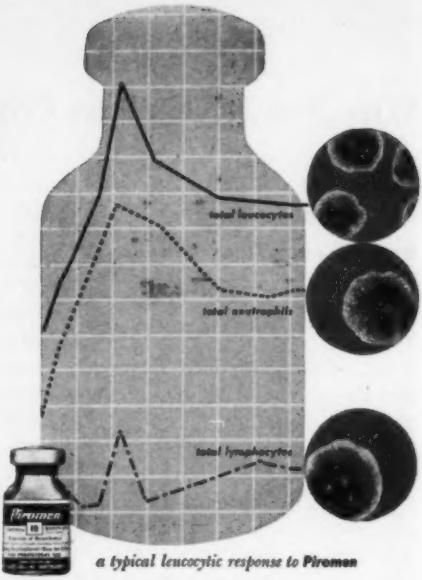
for effective control of a wide variety of *ALLERGIES* and *DERMATOSES*



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Piromen is prepared in stable colloidal dispersion for parenteral use. It is supplied in 10 cc. vials containing either 4 gamma (micrograms) per cc., or 10 gamma per cc.

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on the new car you use professionally. How? By reporting *unused depreciation* on the old one you traded in.

Or he may point out that you can take an exemption for your minor child, without declaring any income the child may have earned—as long as such income amounts to less than $600.

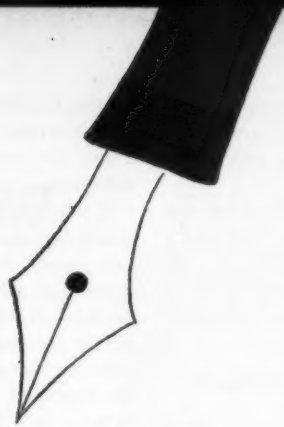
Your Expense Accounts

Because of his broad experience, the consultant is aware of many such items that you may never have considered. And he's likely to prove helpful in other ways, just because he has worked with *other* doctors. Take, for instance, your expense estimates.

If you have no bills or receipts to verify certain expenses, the expert can supply you with expense estimates *that will stand up under close bureau scrutiny.* Internal revenue agents constantly reject what they consider excessive deductions based on taxpayers' guesses or recollection.

Last year, for example, they tried to disallow the $2,000 entertainment deduction of an Ohio surgeon

"Dr. Blimpton, please—let's not talk shop."



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- **RELAXES** bronchial musculature
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- **RELIEVES** nasal stuffiness, sneezing, and lacrimation
- **PLEASES** adults and children alike with its mildly tart, raspberry flavor

DOSAGE: One or two teaspoonfuls every two to three hours. Children, one-half to one teaspoonful every three hours. Supplied in 16-ounce and 1-gallon bottles.

MEDICAMENTA VERA

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—not because they doubted his claim, but because they thought the amount excessive. But when the doctor's tax consultant intervened, the deduction was allowed. Why? Because the consultant was able to point out that other of his clients with receipted bills spent an equivalent proportion of income for entertainment.

Other Advantages

Apart from his actual work on the tax return, a competent consultant will perform these other important services:

1. *He'll keep you posted on Tax Code changes,* including (a) the laws and amendments enacted annually by Congress; (b) new regulations issued by the Bureau of Internal Revenue; and (c) decisions handed down by the courts. "You'd be surprised," one consultant says, "at how few of my doctor-clients had heard that Congress this year raised the limit on charitable deductions from 15 to 20 per cent."

2. *He'll handle your case with the bureau.* If an item on your return is challenged, the consultant will deal directly with the agents. But chances are good that your return *won't* be challenged if a consultant handled it.

Revenue agents trust the experienced consultants and will often accept their word. A well-known New York consultant reports that the number of his clients has been steadily increasing, but that the number of investigations into their returns has been just as steadily declining.

3. *He'll catch errors made by the bureau.* After all, revenue personnel do make mistakes—not always in your favor. Some months ago, for example, 40 per cent of the quarterly installment notices sent out by one district office were in error. So you might find yourself paying an extra assessment because you don't know how to prove it unwarranted. But your tax consultant would be able to spot such an overcharge in a flash.

4. *He'll remind you of tax deadlines*—and there are plenty these days: your annual tax estimate and quarterly revisions; your regular tax payments; the Social Security and withholding taxes of your employes. The consultant will also help you plan a program of regular payments into a tax fund, for use when payment is due. Without such a fund, thousands of doctors are forced annually to sell securities or borrow money to meet their tax bills.

Planned Savings

5. *He'll spell out in advance the tax consequences* of any financial arrangement you may be considering. A Chicago consultant, for example, recently saved a client about $100 a year in taxes by advising him to take payment for a three-year course of psychoanalytic treatment in monthly installments instead of in a lump-sum note to be discounted at the bank. The consultant's reason: Discounting the note would have meant

treating the entire sum as income for the current year.

This same consultant saved thousands for another client merely by insisting that terms of an alimony settlement be incorporated in the court decree. Had the arrangement been confined to a private contract, the bureau would have ruled the alimony payments non-deductible.

Who Is Responsible?

Before you make up your mind whether or not to hire a consultant, you'll want the answer to one vital question: Who is to blame if the bureau proves you delinquent after you acted on an expert's advice?

The answer: You must shoulder the blame (and pay a penalty) if the error results from your failure to tell the consultant everything he needs to know. But if the delinquency stemmed from an error of judgment on the consultant's part, you'd simply have to pay the assessment plus interest. And if *you* acted in good faith but the *consultant* didn't, you'd stand a good chance of escaping penalties—though technically the return would still be considered fraudulent.

To a second pertinent question—how much will a consultant cost?—there's no such clear-cut reply. What he'll cost will depend on how many of his services you use.

For simply filling out your annual return—exploiting the deductions and shaving down taxable income—the cost could come to as little as $50. But for complete consultation service, including monthly reviews of your entire situation, the annual bill could run up to $400. Whatever the cost, though, it's not much, compared with what it can save you—and all such tax consultant fees are deductible.

How to Get One

It isn't easy to find a qualified tax consultant. The kind you want is a specialist in the tax problems of doctors. And probably he doesn't advertise. So your best bet is to ask your colleagues or the secretary of your medical society to suggest one. If your town has a medical management bureau, it will probably have several good men on its staff.

The man you want needn't be a certified public accountant to be considered "qualified." But you'd better try to find a consultant who belongs to one of his professional societies.

And you needn't worry about possible bureau resentment of your move. Officially, of course, the bureau won't say what its attitude toward consultants is—though it does insist that its forms *can* be filled out by individuals and that help is available at local revenue offices.

But unofficially it's a different story. Agents admit that when tax problems are even slightly complicated, a consultant can be a double-barreled blessing: He can save time and money for the taxpayer; and he can turn in a neat, concise return that's a downright godsend to the bureau. END

The Facts About Chiropody

By Don Cameron

● Forty years ago nobody worried about relations between the chiropodist and the physician. Where any existed at all, they were apt to be on the plane of the doctor's relationship with his barber, whose premises the chiropodist sometimes shared.

That was before chiropodists complicated matters by going to college, acquiring doctorates, and adding cubits to their lawful stature in forty-eight states. Of the 7,500 of them licensed in America today, most have received professional training equivalent (in years) to about half that required of M.D.'s. They have lifted themselves by their bootstraps, as it were, into an undeniable, if limited, place as ancillary practitioners in the medical field.

Now, inevitably, comes the question: How large should that place be? [MORE→

Chiropody is a youthful profession that has lived up to its winged-foot emblem by taking seven-league strides since its formal beginning in 1912. But has it tried to walk too far too fast?

No Real Conflict

The answer, in general, is "No." There have, of course, been some attempts to exceed proper bounds. In Delaware and Michigan, for example, physicians have been strongly critical of laws that license chiropodists to prescribe narcotics, treat compound fractures, and deal with disorders of the leg as well as the foot. But in practice there have been few specific complaints that the foot men have intruded on the physician's or surgeon's domain.

Again, not many doctors of medicine would condone the performance of bone and joint surgery by chiropodists in treating bunions and hammer toes, as does the law in California. Yet, says a spokesman for the California Medical Association, "we find their activities are pretty well confined . . . to corns, bunions, and foot hygiene. Occasionally some chiropodist will go beyond his depth in the field of surgery, but these instances are quite rare."

Nevertheless, California M.D.'s are on guard against any further extension of chiropody's privileges. Seven years ago, by seeking even greater latitude in foot and leg surgery, the chiropodists sacrificed a friendly working agreement that had been established between them and C.M.A. Previously, chiropodists had met with physicians on legislative matters, together with representatives of the hospitals, dentistry, pharmacy, and the dispensing opticians. When the foot men went after broader legislation, C.M.A. dropped them—and their bill was killed in the State legislature.

"Since then they have made no similar moves in that direction," says the C.M.A. spokesman, "but we are always on the lookout for a recurrence."

Legal Limits

The great majority of chiropodists across the nation get along without most of the disputed privileges granted them in California, Delaware, and Michigan. Forty-five states limit the practice of chiropody and/or podiatry (the terms being used in most places interchangeably) to minor surgical procedures.

While there have been attempts in several states to broaden the regulations, they have not always had the whole-hearted support of chiropody's rank and file. For instance, in 1949, legislation was submitted to the Missouri General Assembly that would have allowed chiropodists to practice surgery of the leg below the knee. The bill was never reported out of committee. Says an officer of the Jackson County (Mo.) Medical Society: "We understand that this legislation was *not* supported by a large number of chiropodists."

[MORE→

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By and large, conflicts between physicians and chiropodists these days are rare in comparison with examples of cooperation. In about 1,000 public and private hospitals across the nation, staff chiropodists provide auxiliary treatment in arthritic, diabetic, geriatric, metabolic, orthopedic, and peripheral vascular clinics.

Many doctors have found the chiropodist a useful aide in general practice. Many more would perhaps be interested in exploring the possibilities of better relations, if the chiropodist's qualifications, limitations, and over-all status were better known.

Where The M. D. Stands

Among informed physicians, the consensus boils down to this: Today's chiropodist is qualified to cooperate with both the medical specialist and the general practitioner *—provided there is no question where his sphere of independent action ends.*

Leaders of organized medicine, especially, stress that proviso. Says an officer of a large state medical society in the East:

"Cooperation on any other basis could lead to more harm than good, for the public and for medicine. The area of possible conflict between M.D.'s and D.S.C.'s is comparatively small. Whatever the law allows, the foot doctor still will be occupied chiefly with such ailments as corns and calluses. Since he is better fitted than anyone else to treat those things, that's fine as far as it goes. But in the occasional case that involves major trouble, the patient would be cheated, and possibly seriously endangered, if he were to be deprived of the knowledge and skill of a fully qualified physician."

The A.M.A. Judicial Council has defined chiropody as "a practice ancillary—a handmaiden—to medical science in a limited field." On that basis, it has gained a degree of acceptance by physicians in most states. Here's a random sampling of comments about it from divergent points of the medical compass:

¶ Dr. Everett C. Fox, chairman of the Texas Medical Association's council on medical economics, says: "Ordinarily [the chiropodists] stay within their field satisfactorily and perform a service to their patients and physicians. But they are guilty at times of carrying their work over into orthopedics and occasionally get into difficulty with the orthopedic surgeons." He mentions "a few" who seem more interested in fitting and selling shoes than in the practice of chiropody.

¶ The Ohio State Medical Association has "no fight with them as long as they stay within their field." A spokesman feels that chiropodists are "the best educated of the so-called limited practitioners," and credits them with trying to clean up their professional ranks in that state by cracking down on offenders.

¶ The Nebraska State Medical Association has "always had very

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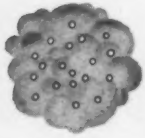

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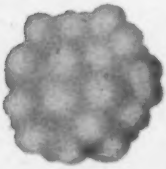

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good relations with the chiropodists." Organized chiropody "consults our group on matters of legislation; and by conferring, we have avoided . . . many conflicts in the legislature."

¶ A Kansas Medical Society officer reports: "In our state, physicians feel that the podiatrists are trying hard to raise their standards, and we have no complaints over the work they are doing." In Wichita, he adds, the Sedgwick County Medical Society screens requests for foot treatment, at the suggestion of orthopedists, and refers cases of corns, calluses, and similar minor complaints to chiropodists.

What Chiropody Wants

Organized chiropody today is more interested in gaining economic benefits than in widening the scope of its practice. In a number of states, chiropodists have sought recognition by such voluntary health insurance plans as Blue Shield, which now covers chiropody treatment only in Michigan.

Last spring, despite objections from the state medical society, the big, 1,500-member Podiatry Society of the State of New York obtained passage of a bill that will authorize them, beginning in September, 1953, to treat patients under the provisions of the Workmen's Compensation Act.

Medical groups oppose such measures, particularly in the case of Blue Shield, but not because of the chiropodists' practice or status.

Blue Shield, says an Ohio authority, does not cover chiropodists for the same reason it does not cover nursing, most dental procedures, drugs, and some other incidental costs of sickness. "We don't want to load the premium so much that we price ourselves out of the market," he explains.

Adds an Oklahoma State Medical Association officer: "It has been felt by those interested in the promotion of Blue Shield programs that the public was entitled to an extension of services of physicians . . . before extending the benefits into the field of chiropody."

Praise From Clinics

But in spite of these professional, and perhaps unavoidable, disputes, the chiropodists have found many friends among prominent physicians. Thus far, their widest medical recognition has stemmed from their work in clinics. An outstanding example is New York Univer-

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*Ferrero, Nino; *American Journal of Obstetrics & Gynecology;* Vol. 61, No. 3, March, 1951.

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sity-Bellevue Medical Center, where Dr. Howard A. Rusk, chief of the department of physical medicine and rehabilitation, has more than thirty podiatrists on his staff.

Dr. William J. Mayo, who invited Paul L. Tarara, D.S.C., to join the Mayo Clinic staff twenty-five years ago, has recommended frequently that physicians and surgeons make greater use of chiropodists in hospitals. So has Harvard's Dr. Elliott P. Joslin, who established the first hospital foot clinic, at New England Deaconess in Boston, at about the same time.

Dr. Joseph T. Beardwood Jr., of the diabetic clinic of Graduate Hospital of the University of Pennsylvania, speaks from twenty years' experience when he says of the chiropodists on the staff there:

"My relations with the men I have had working with me have been excellent. Properly indoctrinated by the physician, the average chiropodist is a most cooperative aide in the management of foot conditions."

The medical director of a large Eastern hospital—which, because of a medical staff decision, does *not* have staff podiatrists—nevertheless says:

"By and large, the medical profession has never let itself become seriously interested in . . . the minor but at times very troublesome and painful foot ailments to which the human race is subject . . . This being so, it is little wonder that another group has developed; and from what little I know about them, I personally wonder whether the medical profession is not making a serious mistake in not accepting and supporting them."

Within the Bounds

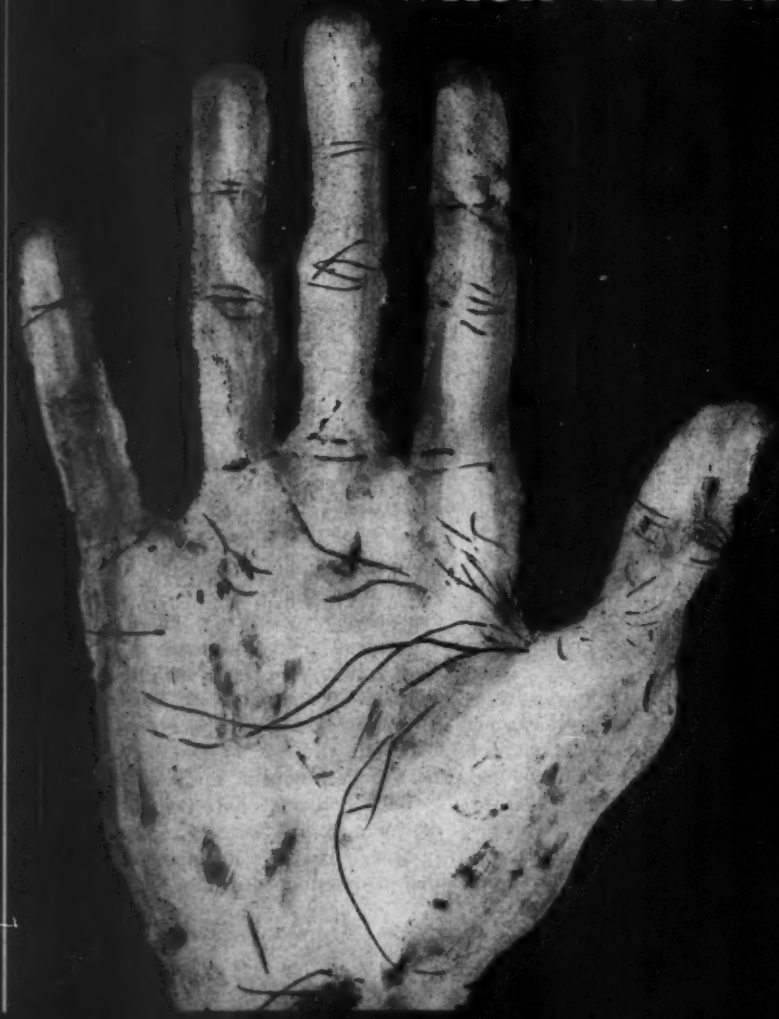
Thus there is apparently little friction when doctors and chiropodists alike recognize the profession's virtues as well as its limitations. Of the state laws setting forth those limitations, New York's, which dates back to 1912, is still fairly typical.

The New York law permits podiatrists (which term is favored in some parts of the East) to do minor surgery, to treat simple fractures of the long bones of the foot, to administer local anesthetics, and to prescribe non-narcotic sedatives.

Benjamin Kauth, Pod.D., former information director of the Podiatry Society of the State of New York, doubts that many podiatrists feel hamstrung by the law's limitations. "The men I know are doing satisfying work, and just about as much of it as they can handle," he says. "Speaking for myself, I wouldn't be interested in going very far beyond the present rules. For example, in bunion and hammer-toe cases we've been getting good results with traction and splints. Where that treatment isn't feasible and surgery seems indicated, I'd prefer to send the patient to an orthopedic surgeon.

"Most podiatrists have numerous occasions to refer patients to orthopedists. It has been my experience that many orthopedists also rely on

when one must pr



podiatrists to make foot casts and fit foot appliances. It's a satisfactory arrangement which parallels relationships between podiatrists and physicians in several other fields."

Adds San Francisco's Leo N. Liss, past president of the National Association of Chiropodists, and staff chiropodist for the last eleven years at the diabetic and peripheral vascular disease clinics of the University of California Medical Center: "We are well satisfied to remain within . . . our scope in treating all conditions of the feet. We have no more desire to encroach on medicine than dentistry did when that profession went through its growing pains."

Raymond K. Locke, D.S.C., chairman of the medical relations committee of the National Association of Chiropodists, comments: "In my opinion, what chiropody wants is an eventual status in the medical picture like that which dentistry enjoys today."

A Two-Way Road

Instances of mutually beneficial relations between chiropodists and physicians are numerous. For example, an Ohio physician mentions a local chiropodist's referral of a patient with an abnormal gait to a neurologist. "The neurologist commented that the alert observation of the chiropodist facilitated early diagnosis of a spinal cord tumor," the physician reports.

There, in a nutshell, is the main argument for improved chiropodist-physician relationships. Obviously,

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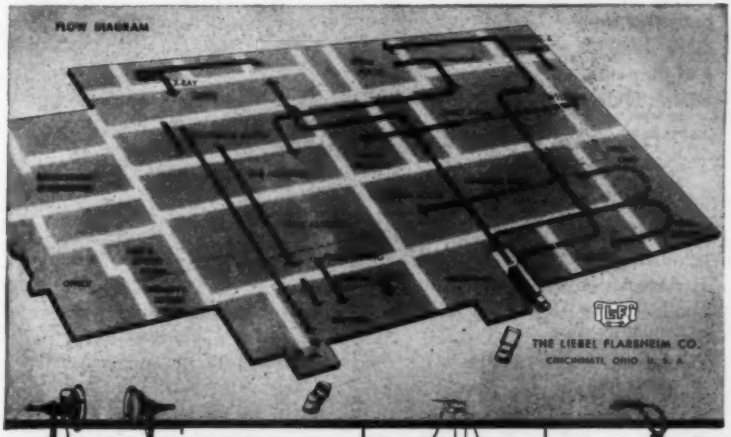

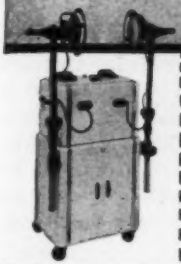

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UROLOGICAL X-RAY TABLE

the well-trained and conscientious chiropodist, viewing an endless procession of troubled feet, is in a position to note first clues to various ailments whose treatment is outside his province.

As seasonal cycles and weather changes are reflected painfully in sensitive corns and bunions, and as pregnancy puts extra weight and a different balance on the feet of women, the chiropodist finds his waiting room—or his clinic—filling with new patients. Some of the foot men—perhaps a great many—note swellings, ulcerations, and various indications of renal, diabetic, or other systemic disorders. All in all, a considerable number of patients find themselves consulting physicians sooner than they might have had they not first sought relief from aching feet.

How They're Trained

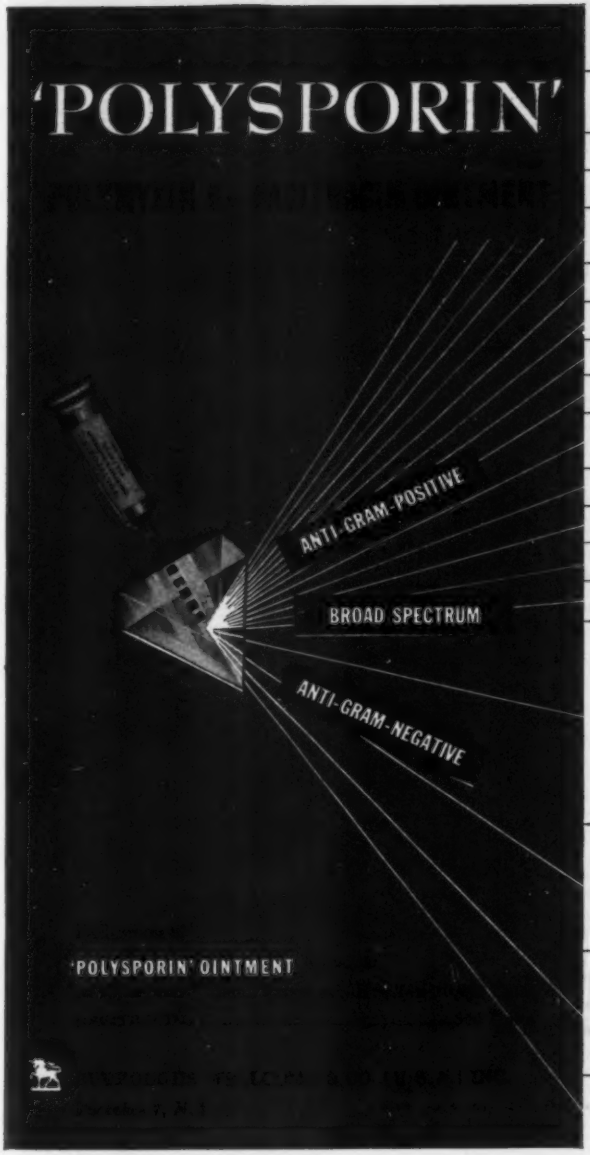
Six university schools in California, Illinois, New York, Ohio, and Pennsylvania, which are state-chartered and accredited by the National Association of Chiropodists, annually confer degrees of Doctor of Surgical Chiropody (D.S.C.) and Doctor of Podiatry (Pod.D.) on about 225 graduates, about 8 per cent of whom are women. In addition, four or five smaller schools, not accredited by the N.A.C., turn out about fifty graduates a year; these lack degrees but are eligible for licensing examinations in the states in which the schools are operated.

Five of the accredited schools produce D.S.C.'s after four years of professional training, preceded by one or two years of college. The sixth and oldest, Long Island (N.Y.) University's College of Podiatry, which alone gives the Pod. D. degree, requires a minimum of two years' preliminary college work.

Under doctors of medicine, who make up one-third of the schools' teaching staffs, students enrolled in N.A.C.-approved courses are taught the basic sciences of anatomy, embryology, physiology, pathology, biochemistry, and bacteriology, in addition to orthopedic surgery, roentgenology, and a long list of general and special subjects. They are also required to put in 1,000 hours of clinical work.

Before practicing, the graduates must pass state board examinations and pay license fees of $15 to $50. Most D.S.C.'s and Pod.D.'s become members of the N.A.C. and its local societies, and are expected to comply with a code of ethics almost identical with that of the profession of medicine. Most serve voluntarily in foot clinics connected with their schools or with hospitals. More and more of them, these days, are finding a demand for their services in the field of industrial health.

His four college years cost the student, apart from living expenses and incidentals, a total of $2,500 to $3,000 for tuition, books, instruments, and miscellaneous fees. If he goes into independent practice, he will spend about $5,000 on an office and equipment, including an



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References:

1. Slinger, W. N., and Hubbard, D. M. (1951), Arch. Dermat. & Syph., 64:41, July.
2. Siepyan, A. H. (1952), Ibid., 65:228, February.
3. Ruch, D. M. (1951), Communication to Abbott Laboratories.

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X-ray unit. Within five years, if economic conditions remain fairly stable, he can hope to reach the current average net income of around $6,500, with a peak of perhaps $20,000 to shoot at.

Recent Improvement

Significantly, recent crops of graduates have been far better trained than those of earlier years. In 1912 the first course of instruction covered eight months, and two years of high school was the only prerequisite. Standards were raised slowly, and postgraduate courses added to enable the older practitioners to keep abreast of their juniors.

Much of the credit for the improved status of the chiropodist belongs to Maurice J. Lewi, M.D. At 94, Dr. Lewi is rounding out his fortieth year as president of what is now Long Island University's College of Podiatry. It was the New York School of Chiropody through the first decade of the century. Then Dr. Lewi, as secretary of the New York State Board of Medical Examiners—a post he occupied for twenty-two years—was asked to make a study of the teaching and practice of chiropody in the state.

The result of Dr. Lewi's report was that a number of prominent physicians became actively interested in raising the quality of the chiropodists' education. Several of them became lecturers at the New York school. Eventually Dr. Lewi was offered, and accepted, the presidency of the school, which he reorganized as the First Institute of Podiatry.

Dr. Lewi helped draft the first legislation regulating the licensing of chiropodists and podiatrists. Thereafter New York's educational and legislative pioneering set a pattern generally followed by chiropody throughout the nation.

Today Dr. Lewi is convinced more than ever that the foot doctors are doing an increasingly valuable job in an area sadly neglected by medicine.

"Physicians who look askance at the growth of podiatry are swayed by fears, not facts," he maintains. "A little investigation would convince most of them that the chiropodist-podiatrist can be their valuable ally, with room enough in his own field to keep him from stepping on anybody else's toes." END

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DOSAGE: 2 Kolantyl tablets or 2 to 4 teaspoonfuls of Kolantyl Gel every 3 hours as needed for relief.

1. Hufford, A. R., Rev. of Gastroenterology, 18:588, 1951
2. Miller, B. N., J. So. Carolina M. A., 48:1, 1952

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Don't Go Overboard on Mutual Funds

If they suit your investment purposes, buy them carefully and watch them closely. They don't necessarily outperform the stock market, and they're relatively costly to purchase

●The growth of mutual fund investments since World War II has been phenomenal. Nearly 1 million investors today own more than $4 billion worth of shares in these investment trusts, and a good many medical men are in on the boom.

As these investors know, when they buy shares of a mutual fund, the fund managers take the money and reinvest it in various listed securities. Presumably, their selections are better than those the ordinary investor would choose for himself.

But few people have dug deeply enough to get the answer to the question: *How well do mutual funds actually perform for their shareholders?* So let's take a look.

The two main arguments for mutual funds run about as follows:

1. With limited capital, the average solo investor can't diversify his security purchases enough. If he commits his funds to only a few companies or industries, and if those companies or industries come upon lean times, he may lose a good part of his nest egg. A mutual fund, on the other hand, offers him wide diversification. It permits ownership of small portions of a great many companies. The collapse of one or two companies may well be counterbalanced by the success of others.

2. The mutual fund affords continuous professional supervision. Its investment managers are always at work analyzing company and industry prospects. As experts, they are supposed to recognize favorable and unfavorable trends when they begin. They then take action by selling any of the fund's securities whose prospects are poor and buying others that look better. The average investor has neither the time nor the ability to do these things.

We'll put these arguments to the test in just a minute. First, let's see how mutual funds are valued.

Mutual fund share prices are

By Everett J. Mann

**The author is associate professor of economics at Duke University.*

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YET WE DREAD OLD AGE"

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The fulfillment of a long life is an innate desire of all, yet the fear of aging is ever present. The infirmities that frequently accompany old age may be due to improper adjustment of the body economy to the decline in sex hormone activity, nutritional inadequacy, and emotional instability. "Mediatric" Capsules—combining steroids, nutritional supplements, and a mild antidepressant—are specially formulated to forestall the onset of premature atrophic and degenerative changes.

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Thiamine HCl (B_1)	5.0 mg.	Brewers' yeast (specially processed)	200.0 mg.
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based on the value of the securities in the investment company's portfolio. The total portfolio value is divided by the number of shares the fund has outstanding, and the per-share value is reached accordingly. Thus, if the fund owns securities with a market value of $1 million and has 100,000 shares outstanding, the value of each share will be $10. (The price of the shares is usually determined twice a day from the stock exchanges' midday and closing quotations.)

Loading Charge

To the per-share price is added a "load" factor—generally, about 8 per cent. The price of the $10 share mentioned may thus become $10.80 to the investor.

Why this loading charge? It's needed mainly to pay the sales organization which, as a rule, receives a 6 per cent commission for its work.

The remaining 2 per cent goes to the fund itself. This amount is used to promote further sales of fund shares.

In addition to the 8 per cent acquisition charge, the buyer of mutual fund shares pays a fund-management fee. This helps the fund defray the cost of employing research people to guide it in its security sales and purchases.

The usual management fee is ½ of 1 per cent of the investment fund each year. This charge is deducted from the fund's gross income before any dividends are paid. Some funds also deduct clerical and transfer costs—which may come to another ½ of 1 per cent.

Everything considered, the buyer of mutual fund shares pays a pretty good price for the diversification and supervision he gets. By contrast, when stocks listed on the major exchanges are purchased in lots of 100 shares, the commission paid to brokers for getting in and getting out of a stock usually amounts to only 2 or 3 per cent. (How *often* you get in and out, of course, has a lot to do with what your brokerage fees will amount to over a year's time. Whether you actually *do* buy in 100-share lots—or in odd lots, which cost relatively more to purchase—also affects your costs.)

When the mutual fund investor redeems his shares, he receives the *pro rata* value based on the existing market price. That is, he loses the 8 per cent load charge that he paid when he bought the shares. As a result, although the shares of mutual funds are redeemable in cash at any time, the investor can't get the full amount of his original investment back until the securities in the fund's portfolio have appreciated more than 8 per cent.

Profit Is Your Guide

Yet the fact that the load charge and operating expenses may be heavy is not necessarily a serious deterrent to the purchase of mutual funds shares. The real test of a fund's worth is its record of accomplishment. Have the fund managers made a greater profit for the

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1 Schoenheimer, R., Ratner, S., and Rittenberg, D., J. Biol. Chem., 127:333, 1939 and 130:703, 1939.

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investor than he would have made by selecting his own securities?

Let's see:

The bellwether of the stock market is the Dow-Jones Industrial Averages. These reflect the prices quoted for thirty of the nation's leading industrial stocks. Every mutual fund management aims to outperform these averages.

Five-Year Test

Suppose we examine the record of several leading funds over the period of Dec. 31, 1946 to Dec. 31, 1951. At the beginning of that period, the Dow-Jones averages stood at 180. At the end, they had risen to 270, a gain of 50 per cent.

The accompanying table compares the performance of nine of the largest mutual funds, plus that of the Scudder, Stevens & Clark Fund (as an example of some funds that are sold without a load charge).

In the five-year period selected, certain capital gains were secured by the funds and paid out to investors. In computing true price appreciation, the amount of these capital gains must be added to the prices quoted on Dec. 31, 1951. This "adjusted book value" is shown in the table's next-to-last column. The final column shows the adjusted percentage of appreciation in each fund.

Eight Below Par

Now, this table doesn't prove anything conclusive about any individual fund; relative performance might be quite different in some

Five-Year Performance of Some Leading Mutual Funds Compared With the Dow-Jones Industrial Averages

	Net Book Value			Adjusted Book Value	Per-
	Dec. 31, 1946	Dec. 31, 1951	Capital Gains	Dec. 31, 1951	centage Change
Affiliated Fund	$ 4.67	$ 4.73	$ 1.28	$ 6.03	+29
Dividend Shares	1.34	1.86	.17	2.03	+32
Eaton & Howard Balanced Fund	25.43	30.99	1.40	32.39	+27
Fundamental Investors	14.18	19.55	1.13	20.68	+46
Incorporated Investors	23.79	32.18	2.20	34.38	+45
Investors Mutual	12.72	13.96	.85	14.81	+16
Massachusetts Investors Trust	26.02	37.80	1.10	38.90	+50
State Street Investment Trust	44.49	59.21	10.98	70.19	+58
Wellington Fund	18.26	20.02	1.79	21.81	+19
Scudder, Stevens & Clark Fund	52.93	57.03	4.60	61.63	+16
DOW-JONES INDUSTRIAL AVERAGES (Dec. 31, 1946 to Dec. 31, 1951)					+50

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other five-year period. But note, at least in this period, that of the ten funds listed, *only two* kept pace with the Dow-Jones averages' gain of 50 per cent.

Nor were these ten funds outstanding dividend-wise; for the ordinary dividends they paid averaged only about 4 per cent of asset values. State Street Investment Trust paid out the lowest percentage of ordinary dividends (averaging only about 3 per cent), yet it showed the greatest capital appreciation.

One other point about this table seems worth making. The relatively poor record of the Scudder, Stevens & Clark Fund, if duplicated in other periods, would suggest that the investor might, in certain cases, be better off to pay a load charge and receive superior management than to buy into a fund simply because no load is charged.

Promise vs. Performance

Nowhere in the promotional literature of mutual funds will you find a statement that the funds will give an investor better market performance or greater capital gains than he could secure for himself. Yet the emphasis on "professional management" constantly implies the promise of superior action.

The five-year record shown, while not conclusive, would at least seem to refute this claim. It might even be argued that the fund managers could discard their research personnel and, simply by keeping their investments in exact proportion to the thirty stocks of the Dow-Jones averages, do a better job than they have done.

Remember that the mutual funds listed here are only a few of the largest. The many other funds show as many other records.

Before buying into any of them, let the investor look into past records. Although the past is no guarantee of the future, it does give a clue to the expertness of the funds' managers.

How Flexible?

The funds discussed here are all of the "open-end" type. This means they will continue to issue shares of stock without limit, as long as buyers can be found. The money received for those shares is promptly reinvested.

The bigger a fund becomes, the greater its inflexibility and inability to meet changing market conditions. Consider, for example, what happens in the event of an extended depression:

Mutual fund shareholders find their sources of income shrinking. Some of them have to liquidate their holdings. The funds in turn are forced to sell some of their investments to pay off these shareholders.

If there is a prolonged rush to liquidate fund holdings, a severe decline in values may result as stock market prices are driven down under the pressure. Thus the mutual fund shareholder stands to see his capital investment melt.

True, the man who selects his

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own stocks faces a similar risk. Yet he is in a more flexible position, due to his small holdings; the sale of *his* stocks alone cannot seriously affect market prices.

When you come right down to it, investment survival in any medium depends on constant watchfulness to avoid being caught in a *major* price downswing. So—while you seldom hear this point made—the mutual fund shareholder must watch the business climate just as carefully as must individual investors. He needs to be alert to any trend that will make the conversion of his fund shares into cash desirable.

In sum, mutual funds serve a purpose for the investor who is too busy to make his own security selections, or who just doesn't want to be bothered. But if he chooses to buy mutual fund shares, he'd better not put them away and forget them. If he recognizes, as he should, that their course will not always be upward, and stands ready to redeem his shares in any serious market setback, he'll be exercising the sort of precaution a good many mutual fund shareholders seem to have overlooked.

Ownership in a mutual fund is no open sesame to profits and security. It is, instead, a calculated risk and should be attended with appropriate vigilance. Only then can full advantage be taken of the opportunity the mutual fund offers.

END

"You made twelve deliveries this week? Gosh, the best I could do was scare a coupla chorus girls!"

What Makes a Big Doctor Big?

His self-confidence, says this writer, may be just as important as his skill

● Several years ago, an excitable middle-aged business man with auricular fibrillation consulted me. From his remarks, I gathered that he was dissatisfied with his family doctor. But after examining him, I found that the family doctor had diagnosed his trouble correctly and had prescribed the proper treatment.

When I mentioned this, he wagged his head impatiently and snapped: "You don't need to tell me—I know all that. I came to you because he's not a very *big* man, and I wanted to be *sure*."

This comment reawakened an old memory. I could almost hear the voice of a medical school classmate who once remarked to me: "Being a *big* doctor is no harder than being a *little* one. It just takes planning."

When I asked him what he meant, he said, "Well, take *my* case. I plan to become known as an authority in my own small field. I'll keep writing for the journals until every doctor in the country knows who I am. It won't much matter if I don't contribute a lot to medical knowledge; if I constantly repeat a few basic truths in an authoritative way, my output will seem impressive enough to give me a name."

I didn't approve of such cynicism then, and I don't today. Nor would any physician worth his salt. Yet that man did become a "big" doctor.

Admittedly, his last fifteen medical papers have added little to the field of gastroenterology. But they have earned him a reputation as an expert on bellyaches. And whenever I see a patient with an abdominal pain, I automatically think of him. Whether or not he's an able physician, he's indisputably a famous one.

What makes a big doctor big? His skill, naturally, and his judgment and knowledge. But as my classmate proved, there's another very important ingredient: self-assurance.

Take any handful of physicians who are equally able and experienced, who have had the same training and qualifications, and who belong to the same specialty societies. What do you find? There's almost a spontaneous sorting into big and little doctors. The same goes for G.P.'s.

On the surface, all these physi-

By William Kaufman, M.D.

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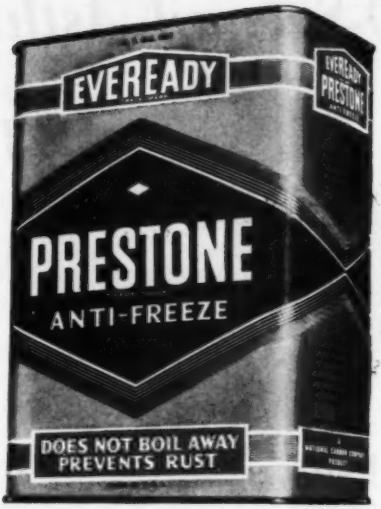

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cians may appear to be cut from the same cloth. But if you look below the surface, you notice an important difference among them. Some assert themselves. Some don't. That's what divides the bigs from the littles.

How It Happens

Aren't most doctors *naturally* assertive? After all, a good many of them choose medicine as a career partly because they want to be their own bosses.

True. Yet a subtle change comes over some of them as they travel through the medical training mill. Take Burton Peabody, for instance:

Some time ago, after four years of bowing to professorial authority in medical school, Burton became an interne. As low man on the professional totem pole, of course, he took abuse from everyone.

Attending physicians demanded extra attention for their private patients and hit the ceiling when Peabody didn't jump to supply it. Residents, feeling their oats, used him to do their scut work. Graduate nurses ordered him around like a ward boy.

Every so often, Peabody stood up for his rights as an individual. But he soon learned that such behavior can jeopardize an interne's chances for advancement.

Even as a resident, he found himself constantly knuckling under to his attendings and, of course, to their private patients. Senior staff men kept reminding him that he was merely a straw boss. He lived in daily fear of not being able to please enough people and of thus failing to get an eventual staff appointment.

And so, Burton Peabody finally went into private practice and became—he thought—his own master. But he found that he now had a thousand bosses; somehow it seemed easier for him to give in to patients than stand up to them.

Conditioned Serfdom

In short, Peabody became a little doctor. Little, because he seldom asserted himself. Little, because he had submitted to an intensive training in easy subservience.

As a result, he now hesitates to set a realistic value on his professional services. He's always in a rush to mollify his patients—even when they're wrong. He's ready to follow a leader, but he's not ready to lead.

Fortunately for medicine, some physicians escape Peabody's fate. In spite of their training in submission, they become big doctors. They learn to assert themselves, learn to dominate patients and other physicians.

I don't, of course, mean that they learn to kick other people around. I mean they take a positive and constructive attitude toward the solution of everyday problems. They know their worth as persons and as physicians, and they use this knowledge to operate at peak efficiency. They know how to accept or refuse responsibility graciously and can make demands on others without feeling guilty. If necessary, they can take an unpopular stand on a basic issue.

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Submission usually breeds tension and hostility. The "little" doctor may have an unconsciously warped idea of the world as a threatening place in which to live and work. Worse, his creative impulses and professional development may suffer from his sense of being inferior.

Confidence Regained

What can the doctor do about his tendency to submit rather than to dominate? If he simply admits it's there and resolves to overcome it, he's made a good start. This was brought home to me not long ago by two physicians who were my patients.

One of them had confided to me that the joy had gone out of his medical work—and he couldn't understand why. I suggested that he wasn't asserting himself enough, that he was allowing himself to be dominated by others.

He did a slow burn. "Bill," he replied, "I'm one of the most independent doctors in the world. *Nobody* tells *me* what to do!"

When I ran into him in a hospital corridor a few weeks later, he took me aside. "I guess your little lecture had some truth in it after all," he said. "Let me tell you why I think so.

"The other day I told the floor nurse to give one of my patients 100 micrograms of B_{12} by injection. She pointed out that Dr. Riddecke never gives more than 40 micrograms, tops. So I said, 'O.K. Make it 40 micrograms.'

"As I walked away, feeling unaccountably depressed, I remembered our talk. So I went right back and changed the order to 100 micrograms. I began to feel better right away. Since then, I've been watching myself and not letting others dominate me unreasonably. And, you know, I can now feel the old zip coming back."

'Bigs' Can Be Wrong

Then there was Harlan Graham, a bright young doctor who consulted me because of tensional symptoms and a mild depression. Knowing of his connection with a university, I suspected the cause of his trouble. When I explained how doctors are conditioned to submit to authority, he blurted out: "That's just what the old goat is doing to *me*."

The "old goat" was the head of his department—a domineering person, who never admitted being wrong. No one dared challenge his clinical judgments—no one, that is, until Graham did, a few months after our talk.

It seems that a patient had symptoms suggesting hypoglycemia, but the blood sugar test wasn't as low as expected. The department head delivered a learned lecture on psychoneurosis. But Graham had seen patients suffering from hyperfunctioning islet cell tumors who did *not* have exceedingly low blood sugars. Contrary to his usual custom, he argued the point in the face of the professor's opposition.

Finally, the professor gave per-

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The concept that allergic tissue responses are important contributory factors in upper respiratory infections, particularly the common cold, has been widely accepted. To combat these allergic manifestations more successfully, Thenfadil — one of the most effective and best tolerated antihistaminics — has been combined with the time-tested A.P.C. formula commonly used for the symptomatic treatment of the common cold.

Thenfadil A.P.C. appears to be more effective in shortening the disease the earlier it is used at the onset of a cold. In established cases Thenfadil A.P.C. alleviates headache, fever, malaise as well as generalized aches and pains.

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mission for an exploratory operation. As it turned out, the patient actually *had* a pancreatic islet adenoma, and surgery effected a cure. From that time on, Graham's troubles began to disappear, and soon he won his first real promotion.

If more of our better-trained men could learn, like Harlan Graham, to assert themselves, they and the medical profession would be better off. Medicine *needs* leaders. If it had more, it could weed out those few doctors whose chief claim to authority is merely their ability to bully others. END

Lay Off the Nurses!

● News item: "BOSTON, Aug. 7 (UP)—The New England Journal of Medicine today criticized doctors who contribute to the shortage of nurses by marrying them . . . "

The vanishing nurse, we all know, is the curse
Of medical practice today.
Each professional man must do what he can
To shorten the shortage, they say.

Now a man can do worse than to marry a nurse,
If the girl offers brains, skill, and beauty;
But marriage, we fear, will disrupt her career—
To stay single, of course, is her duty.

So here's the position of any physician
In love with a lady in white:
You may hotly pursue her; you even may woo her;
But marriage, of course, isn't right.

To her whims you may cater; each night you may date her;
You even may greet her with kisses.
You may call her your bunny, your sweetheart, your honey;
But you never must call her your Mrs.

Although it may hurt you, it's really a virtue
To see that the nurse stays unwed.
So give up your bride! Step bravely aside!
And she'll marry the patient instead.

—HENRY A. DAVIDSON, M.D.

Will Doctors Get Retirement Aid?

Congress is being asked to provide tax relief for self-employed persons who build up their own pension funds

• Physicians who set aside part of their income for retirement may get an important boost from Congress in the not-too-distant future. Slated for serious study during the coming session is a plan designed to extend Federal income-tax relief to self-employed persons taking part in certain types of pension plan.

If Congress approves, the money a doctor invests in such a plan won't be subject to immediate taxation. Instead, it will be taxed some years later, when he gets it back in the form of retirement income. By that time, presumably, the doctor will be in a lower income bracket; so the result should be an appreciable tax saving.

Encouraging the self-employed to save toward their retirement has been much talked about during recent Congressional sessions. The talk stems from the fact that pensions for *employed* persons have become quite common, largely because tax privileges accrue to the companies that sponsor such plans.

To offer the self-employed a similar tax break, a bipartisan series of Keogh-Reed bills have been introduced. They were being considered by the House Ways and Means Committee when Congress adjourned last summer.

Many qualified observers believe that a plan on the Keogh-Reed pattern has a fairly good chance for eventual enactment. They base their optimism on three main points:

1. The plan has the active support of more than twenty farm and professional organizations, the latter including the American Medical Association, the American Bar Association, and the American Dental Association.

2. Congress has long provided comparable benefits for *employed* persons (via Social Security and via tax privileges for companies with pension plans). Yet professional men must still meet their retirement needs without outside help.

3. A bill of the Keogh-Reed type appears well-suited to the temper of the times, since it includes extensive restrictions designed to curtail abuse. Some critics feel that these restrictions are *too* strong. But at

---

By Wallace Croatman

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least they make it easier for a watchdog-minded Congress to accept the measure.

If, as now seems quite possible, some such plan eventually becomes law, what will it mean to medical men?

Not Compulsory

One of the good things about it, most physicians will agree, is that no one will *have* to participate. Nor will the Government handle any of the funds—though it will, of course, maintain some control over the program.

For example, there'll be limitations on how much retirement money a doctor can exclude from his taxable income in any one year. The present bill allows him to set aside no more than 10 per cent of his net income, or $7,500—whichever amount is smaller. (Doctors 55 or over will be slightly less restricted, since they have fewer years in which to build up retirement funds.) And nobody will be permitted to deduct more than $150,000 under this plan during his working lifetime.

Let's see how a fairly typical doctor of 40, netting about $15,000 a year, might actually fare under the plan:

Suppose he intends to earmark $1,000 a year toward his retirement at 65. On that $1,000, he'd ordinarily have to pay a tax of between $250 and $300, depending on the size of his family. But under the new plan, he pays *no* tax on the retirement fund—until it begins coming back to him.

If he invests the money in an approved pension plan at 2.5 per cent interest, he'll accumulate about $35,000 by the time he's 65. That sum will provide a cash-refund annuity paying him about $157 a month. And, assuming that tax rates remain roughly the same, he'll have to pay little or no tax on it. His long-range saving in taxes may amount to fully 20 per cent of his monthly pension.

Not All Gravy

But this prospective saving is only one side of the story. Before a doctor decides to participate in such a plan, he should understand that it's hemmed around by pretty severe restrictions.

For one thing, there's the matter of interest rates. Since the physician will be allowed to invest only in certain types of retirement programs (e.g., a trust fund set up by his medical society, or an insurance-company retirement annuity) he can hardly expect a return of much more than 2.5 per cent.

He might prefer to invest his money elsewhere at a better return. If, for example, our 40-year-old M.D. managed to invest $1,000 a year at 6 per cent, he'd wind up with an accumulation of some $58,000 by the time he reached 65. That amount would buy him a cash-refund annuity paying about $261 a month. So he could afford to pass up the tax savings he might have

made by participating in the new plan.

And low rate of interest is only one reason why a physician might think twice before taking part. Here are two other points worth considering:

¶ Once a doctor puts money into the retirement fund, he won't be able to touch it until he's 65—unless he becomes permanently and totally disabled. Such a restriction will prevent a man from dipping into the fund for nonessential purposes; but it will also prevent him from using it in an emergency.

¶ Long-range tax savings can't be guaranteed. After all, nobody can predict the tax picture of 1975 or 1980. Suppose rates should be even higher then than they are now. It's possible (though not probable) that a pensioner might have to pay a proportionately higher tax on a $200-a-month pension in 1977 than on a $20,000-a-year income in 1952.

But despite such uncertainties, the plan shapes up as a step in the right direction. At the House hearings last May, Frank G. Dickinson, director of the A.M.A. Bureau of Medical Economic Research, said that some such bill is "necessary to complete the changeover from [the old] social theory of leaving the financing of old age [entirely] to private initiative." He hailed the "new social theory of having the Federal Government encourage the individual to set aside some of his earned income for old age."

And he added this prediction: Five to ten years after passage of the measure, Congress "will be searching for ways to liberalize, rather than to restrict, the tax deferment encouragement to pensions."

END

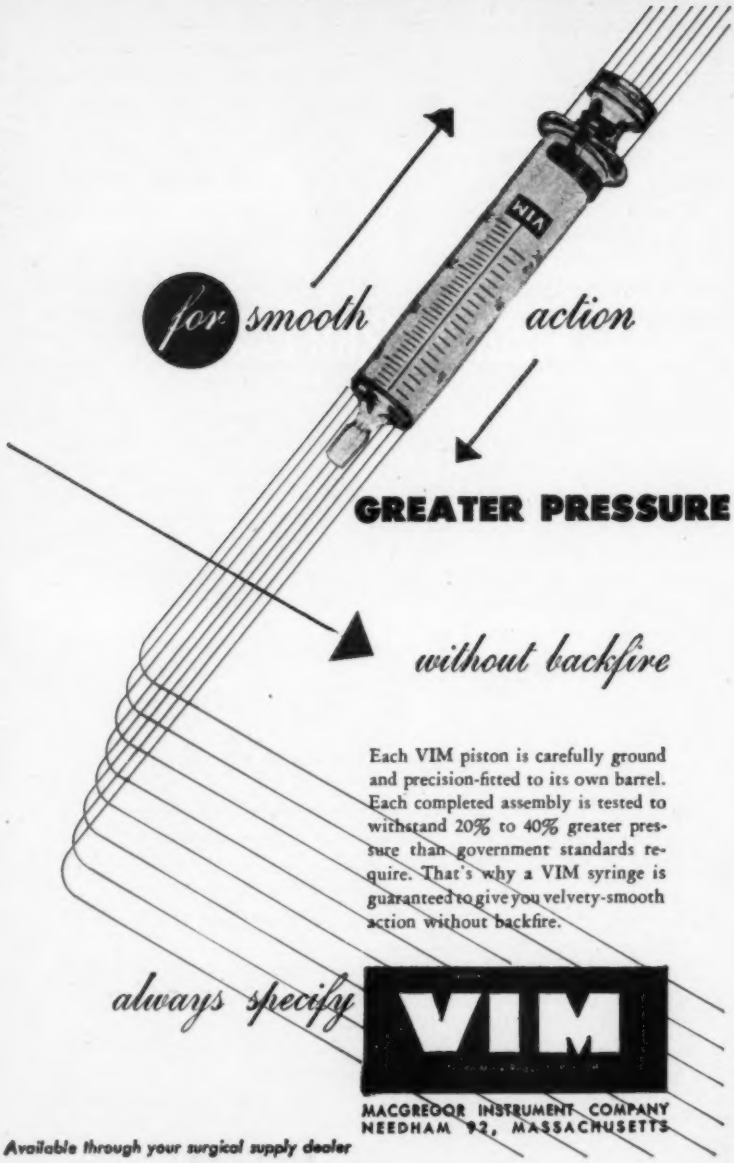
Remote Control

● During my residency in a large city hospital, a woman was admitted in diabetic coma. This was her first experience with diabetes, so before she left I took great pains to explain to her how she could give herself insulin injections. She caught on very slowly; so finally I demonstrated the procedure step by step, using an orange to stick the needle in.

A week later, the woman was brought in again in the same condition. When she had recovered, I asked her whether she'd been taking her insulin injections.

"Oh yes," she replied. As proof, she proudly opened her handbag and pulled out a well-punctured orange.

—M.D., DISTRICT OF COLUMBIA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Letters to a Doctor's Secretary

The aide's attitude toward fees will determine her ability to collect them

● Dear Mary:

A letter from Dr. Barrie praises you so highly that I'm sure you don't need much further instruction from me. But there's still one subject of major importance on which you may welcome some suggestions. It's perhaps the most important of all your responsibilities.

Yes, you're right; the subject is collections.

Further on in this letter, I shall go into detail about methods of collecting. But first let me say this:

As with everything else of importance, your success in collecting will depend on a pre-existing state of mind. You must have unshakable convictions on the subject, and a real philosophy to base them on.

Some doctors encourage their secretaries to tireless collection efficiency by paying them a salary plus a percentage of the net income. But this can result in ruthless grabbing on the part of the girls and in ungracious manners when a professional discount has to be made. On the other hand, when a straight salary is paid—no matter how generous—some girls grow careless, since they know they'll get *their* checks no matter what.

In the last analysis, the success of either system depends upon the character of the secretary. If she is a good collector, trustworthy, fair-minded, and efficient, she should receive a salary commensurate with her ability. But to succeed in this aspect of her work, she must begin by adopting the right attitude toward doctor bills.

In many doctors' offices, one of two mistakes is made when it comes to setting fees and collecting them. The first mistake is hesitating to ask a just fee. The other, and opposite, mistake is charging as much as the traffic will bear. Both these errors,

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By Anna Davis Hunt

**These letters were published originally as a series in* MEDICAL ECONOMICS, *signed with the nom de plume Myrna Chase. In response to many requests, they are now being reprinted in revised and updated form. The complete current series, of which the present letter is the thirteenth, is now available as a book.*

I'm convinced, spring from the same root—namely, failure to coordinate traditional ethics with modern economics.

Doctors Should Be Paid

I remember a movie that came out some years ago. It glorified an old country doctor and was well acted. But I didn't like it. The chief character was too much of a martyr for my taste.

In one episode, for example, a wealthy man protested a bill of $100 for a life-saving operation on his wife, declaring that $100 was entirely too much to pay for an hour's work. Did the good doctor defend his fee? No. With noble resignation, he asked what the rich man paid his janitor, then accepted the same amount for his surgery!

Of course, that's an extreme example from fiction. But essentially the same thing happens every day: Many physicians *habitually* allow their patients to impose on them.

If you want to be a good collector, you must be convinced of your employer's professional ability and of his devotion to the welfare of his patients. This conviction is the first requisite to successful collecting; if you have it, you're bound to feel that the doctor should be paid—and promptly—in accordance with his services and with the patient's financial status.

Discard once and for all the absurd notion that because a doctor's services are often sought from necessity rather than from choice, the patient is entitled to pay his medical bills if and when he feels like it. Remember that a doctor's services guard life and health, without which nothing is of value.

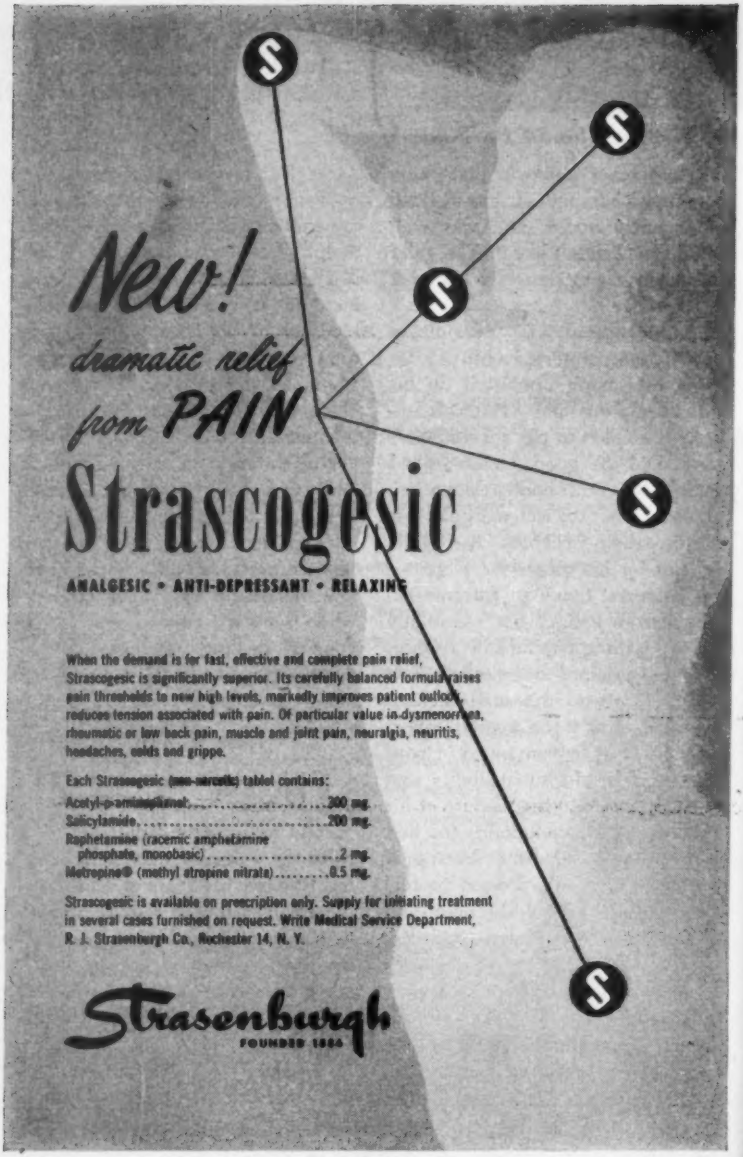
The second requisite to successful collecting is punctuality. That implies regularity—as relentless as the motions of the planets—and a foolproof follow-up system.

The third and greatest requirement is—how shall I define it?—kindness. When dealing with patients who are slow to pay, never assume a faultfinding, censorious, or sarcastic attitude. Be firm; but be tolerant and patient, too.

Nor should you assume kindness and sympathy merely as a mask. Politeness and respect need imply no weakness on your part. You can be as firm as Gibraltar and still allow the debtor to save face. Even when the worst comes and you find yourself dealing with a confirmed deadbeat, you needn't waste your energy in anger.

He's Worth It

Think about these three cardinal points, Mary, until they become part of your mental pattern. Consider the value of what Dr. Barrie has to offer, his years of education, the small fortune it took to achieve it, the fact that education and expense never end for him. Consider also his visits to clinics and medical meetings, his study and research, his superior skill, his up-to-date equipment. *You* understand the value of these; if some patients don't,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they must tactfully be made aware of it.

Model your manners after those of a good saleswoman. Remember the time you bought something really lovely in a first-class shop? Do you remember how interested and gracious the saleswoman was? When you asked her the price, she didn't mutter something about sending you a bill the first of the month. She told you the cost promptly and clearly, without embarrassment. In Dr. Barrie's office you're selling something far more precious than beads or dresses; so be simple and matter-of-fact about it.

So much for your state of mind. Let's look now at the methods by which fees are set and agreed upon.

Discussing Fees

Fees for office calls and house calls are more or less fixed. But for operations or a long course of treatments, they may vary according to the patient's financial circumstances. It's most important for the patient to know what to expect and to agree to it. Many doctors are still shy about mentioning price beforehand, in the belief that a patient may be alarmed and seek cheaper assistance elsewhere. Dr. Barrie banished such nonsense from his practice years ago—with extremely satisfactory results.

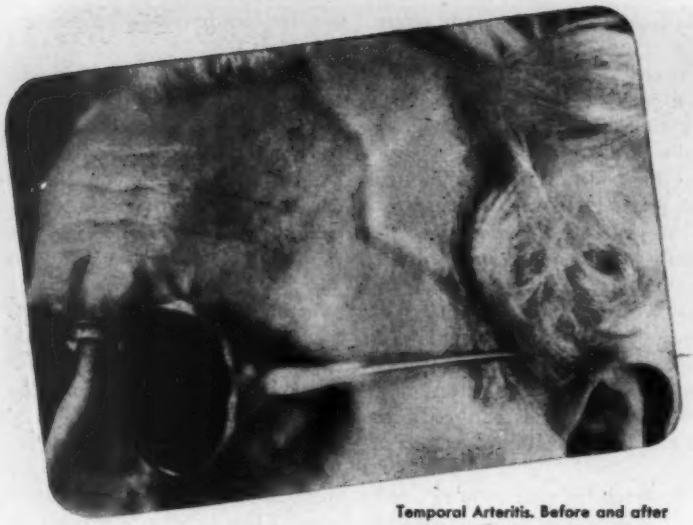
When a patient asks, "How much is this going to cost me?" the doctor doesn't put him off with vague mumblings. He explains carefully how his fees for major surgery are arrived at.

No large bill is ever sent "cold." The patient knows what to expect and has agreed to the terms.

After the fee has been decided, Dr. Barrie always asks the patient how he wants to settle it. If it's to be paid in installments, he rings for you. You enter with your notebook and pencil, and the doctor says something like this: "Mr. Howard's fee will be $300. He wants to pay $100 the first of February, and $25 the first of each month until the balance is settled."

You then jot down the doctor's remarks in shorthand and repeat them aloud in an agreeable tone of voice. "This is Miss Morrison's department," Dr. Barrie explains to the patient. "She has charge of the accounts, and I want her to get this

"Then again—what would we do without colds?"



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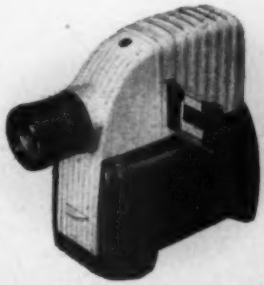

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straight so she won't be bothering you." Everything is pleasant and friendly. The patient leaves with the feeling that he has received special consideration but that a binding agreement has been made in the presence of a third party.

Planned Payments

Dr. Barrie used to tell less prosperous patients, "Don't worry about the bill. You may pay me when and as you are able." But this kindness was often taken advantage of by people who were unbusinesslike, lazy, or unscrupulous. Later on, even though many months had passed, such patients would often rebuff my efforts to collect by saying, "Dr. Barrie himself told me I could take just as long as I wanted to. I'll pay you as soon as I can, but I can't pay now."

Dr. Barrie knows better today. He puts it to patients this way:

"Don't worry about the bill. If you can't pay in full at the time of the operation, it will be perfectly all right to settle your bill in monthly installments."

The crucial thing, you see, is to get patients to begin payments at the time when they're *emotionally* indebted. Believe me, they appreciate the service a thousand times more if they pay for it promptly. You only injure their self-respect—and eventually drive them away—when you're too lenient.

Next month we'll take up the mechanics of collecting. Meanwhile, good luck!

Myrna Chase

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Fire Insurance That Pays *In Full*

***You can insure buildings for actual replacement cost, but your policy probably* doesn't**

• In November, 1950, a hurricane ripped along the Eastern Seaboard and churned through parts of the near-by interior, leaving in its wake hundreds of millions of dollars' damage.

When the sound and fury abated, a Pennsylvania physician whose house had been hit ruefully surveyed the rubble that was once his roof and front porch. It would mean time and inconvenience to get things put right again. But at least it wouldn't cost him any money, he figured. For an extended-coverage rider on his fire insurance policy specifically included damage by windstorm (in addition to explosion, aircraft damage, and the like).

So he promptly filed a claim and made arrangements for repairs.

A short time later, he got a rude jolt. Although it would cost him $2,500 to fix his home, the insurance company would pay him only $1,800. Result: a $700 out-of-pocket loss.

The doctor looked again at his fire policy. It said he would be paid no more than "actual cash value at the time of loss." He had interpreted this phrase to mean that he'd get an amount equal to the cost of repairs. But, as the insurance adjuster explained, "actual cash value" does not mean the property's original value but its value immediately prior to the damage. In other words, the policy would pay the replacement cost *less depreciation.*

The $700 loss was bad enough. But suppose his home or his medical building had been *completely* destroyed—by windstorm, by fire, or by some other catastrophe. He could have suffered a loss of ten times $700. That would *really* have hurt.

Is there any way the doctor could have protected himself against the possibility of such losses?

Yes, there *is* a way; and a good many other practitioners will probably be interested in it. Though it's not generally known, you can insure your home or office (but not the contents thereof) for full replacement cost *without* the usual deduction for depreciation.

In most states, you are allowed to do this by getting a "depreciation endorsement" added to your fire in-

---

By Spencer M. Schryver

******The author is a New York insurance consultant.*

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surance policy. This endorsement, depending upon the state, either (1) specifically insures the difference between actual cash value and replacement cost, or (2) extends the policy coverage to include replacement cost. Both amount to the same thing.

In several other states, you don't need the endorsement. You are automatically insured for replacement cost as long as the face value of your policy covers it.

Thus, all but a few states have given some sort of approval to the full-replacement-cost principle. Your state insurance department or your insurance adviser can tell you what the situation is in your locality.

Curiously, it costs no more per $1,000 of coverage to insure for replacement value than for actual cash value. But, as a rule, you insure for a greater amount when you seek replacement value; so your total premium is apt to be higher.

Where to Get It

Most fire insurance companies will provide this additional coverage if pressed to do so. Most require that the building be reasonably modern and well kept. Some limit the protection to what they call "better-class dwellings."

If this type of coverage is generally available, why do so few people know about it?

The answer is that insurance companies don't advertise it and often aren't eager to write it. This reluctance stems from two reasons: It's traditional to insure for actual cash value; and insurance for full replacement cost may be a greater temptation to arsonists.

When It Doesn't Pay Off

In certain cases, you can't collect full replacement cost even though you're insured for it. If, for example, you don't repair or replace the damaged property, the most you can collect is the actual cash value (which, after all, is your real loss). Nor will the company pay for a loss caused by state or local laws regulating the construction or repair of buildings.

Naturally, even with a depreciation endorsement, the most you can recover is the face value of your policy. So if you want to collect full replacement cost, better be sure that the face value equals this cost.

The best way to be sure is to have your property appraised regularly. With construction costs skyrocketing, every three years isn't too

"It's a get-well card from the boss. He adds, 'or else!' "

often. Most fire insurance policies are written for three years, so the natural time to get a new estimate is just prior to renewal.

Get Expert Appraisal

You can have your property appraised by a so-called "valuation engineer" or by a building contractor or perhaps by one of the insurance company's field men. If your building is worth $50,000 or more, it's a good idea to have the valuation engineer—a professional appraiser—do the job. He may charge you $100 or so for the initial appraisal, but he does a more detailed and accurate job than the others. For subsequent appraisals, his charge will be much lower.

If your building is worth less than $50,000, an estimate by a contractor (for perhaps $25) or by an insurance company field man (free) is usually satisfactory. The important thing is not to rely on your own estimate unless you qualify as an expert.

Consider the experience of one doctor I know. He carried $25,000 worth of fire insurance on his one-man medical building. Aware that the building was greatly undervalued, I urged him to call in a professional appraiser. He did. The appraiser estimated replacement cost at $65,000 and the doctor adjusted his coverage accordingly. You can imagine the loss he would have suffered if the building had been destroyed by fire *before* the policy adjustment.

Of course, the probability of total loss is rather remote. But partial losses are fairly common. In order to protect yourself adequately against these, you must know pretty accurately what it would cost to replace your property. Otherwise, you may become a victim of the co-insurance clause.

This clause probably is included in the fire insurance policy on your professional building, and it may be included in the policy on your home.

Covering Partial Losses

Briefly, it restricts the amount you may recover on a partial loss if you do not insure your property for a given percentage (usually 80 per cent) of its total value. For example:

In compliance with an 80 per cent co-insurance clause, you insure a $25,000 building for $20,000. Prices shoot up. In five years replacement value has reached $40,000. Then, along comes a fire. Repairing the damage will cost $10,000. How much can you collect from the insurance company?

Since the replacement value of the building is $40,000, you'd have to be insured for $32,000 (80 per cent of $40,000) to collect the full $10,000. But you're insured for only $20,000, which is 20/32 of the required $32,000. So the most you can collect is 20/32 of $10,000, or $6,250. The difference—$3,750—you have to make up yourself.

In these times of rapidly rising

prices, I recommend insuring for 100 per cent of replacement value, rather than just the required percentage. In this way, you can be fairly sure your protection will stay above the required percentage, even though prices rise sharply between policy renewals.

My parting advice is this: Ask your broker or agent at once to help you decide how much insurance you need to make sure that you won't fall prey to the co-insurance clause. At the same time, extend your protection to cover full replacement cost. END

Dr. O. W. Lowrey (left) and Dr. E. E. Lowrey check the appearance of a human bone with that of one of the plastic skulls which they mass produce as part-time . . .

Bone Specialists

● Three years ago, two brothers who practice together in the small, central Texas town of Gatesville wanted a skeleton. It would refresh their knowledge of anatomy and help demonstrate pathology.

But the articulated skeleton they ordered was not only costly; it took a long time coming (most are imported, since U.S. laws restrict traffic in secondhand human bones of native origin).

Studying their bony buy when it finally arrived, the two doctors, O. W. and E. E. Lowrey, had an idea: If real skeletons are so hard

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RAYTHEON
Excellence in Electronics

to get, why not produce artificial ones from plastic?

They acted on the notion and today have a skeleton and skull business that's a clattering success. According to O. W. Lowrey, a burst of newspaper and magazine publicity in the spring of 1952—including a feature in Life—"made us expand more rapidly than we ever dreamed possible. In fact, we were repeatedly embarrassed, because we had no organization to handle the many inquiries."

Building Bones

It took quite a while to develop their product. For the first six months after the idea was born, O. W. and a local dentist, T. R. Williams, experimented with various plastics and mold materials for casting individual bones. There were failures aplenty, but they eventually decided that exact plastic reproduction of a skeleton was practicable.

Mechanically-gifted Dr. E. E. Lowrey next took on the job of designing such equipment as ovens, pressure tanks, and special machinery. Dentist Williams took over the casting and molding of the teeth.

"Even our patients got interested," says O. W., who gave his time mostly to trying out and perfecting the process. "And many of our personal friends as well contributed work and equipment to the venture."

[MORE→

"My treatment must be helping. He used to worry about paying his bill; now he doesn't worry about anything."

In the fall of 1951, at the end of their experimentation, the two physicians and Dentist Williams put up capital to incorporate, taking in a lay laboratory manager as fourth partner and hiring a small staff of workers. They didn't know then whether there was a market for their skeletons; but they soon found out.

Skull Work

Some months before, in need of more real skulls for casting purposes, the doctors had asked the Baylor Dental School in Dallas to lend them some. Baylor officials, intrigued at the idea, said they'd like to see one of the plastic jobs, if it was ever completed. So, early in 1952, the first skull off the assembly line went to Baylor.

Enthusiastically, the school added plastic skulls to the required equipment for all freshmen. This endorsement led to newspaper publicity, which led to further publicity. Result: The business has snowballed so fast that the doctors are now planning to open a sales headquarters in New York.

Their line of "anatomical models and teaching aids" currently includes skeletons of hard, ivory-hued, washable plastic; skulls with arteries and nerves of red and green colored latex, and such skeletal parts as hands, feet, vertebral columns, etc.

Best of all, the organization, now known as Medical Plastics Laboratory, sells one of its fully articulated plastic skeletons for $163, as against about $210 for the real thing.

Does their sideline in bones interfere with the doctors' practices? Not at all, says O. W.—though in his own case "it does encroach on the time I'd like to spend with my family." Adds E. E.: "Nor do we intend to retire on the profits. Practicing medicine is, and will always be, our life's work. We're what you might call 'businessmen, reluctant type.'"

END

On the House

● Since the patient insisted on an itemized bill, our clinic sent one out that included this notation:

Two enema trays at 50 cents each—$1.

Payment came promptly by return mail, accompanied by this comment:

"Sirs: In my thirty-three years, this is the first time I've been charged for a bowel movement. But I thank you none the less; for you did not charge me for the three times I used your urinal."

—HERMAN L. HEROLD

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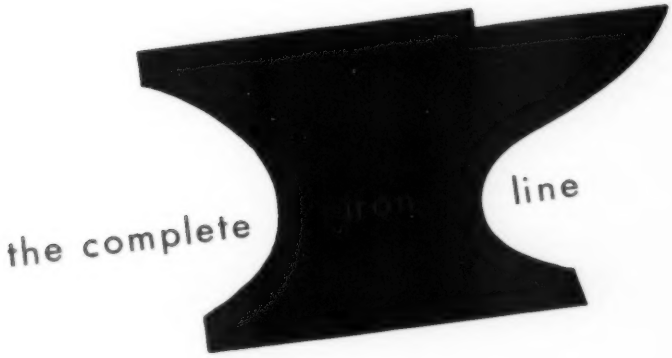

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the most common deficiencies

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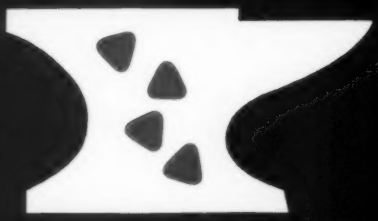

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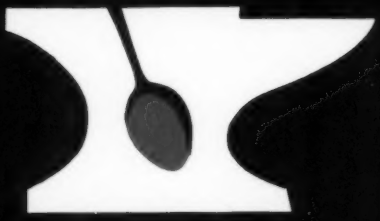

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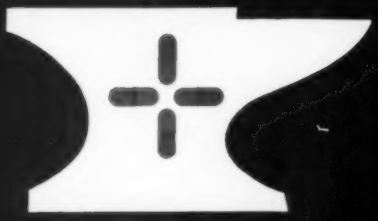

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Prophylactically, 'Feosol Hematonic' is of real value in pregnancy, lactation, convalescence and geriatrics.

It is also indicated as supportive therapy, both pre- and post-operatively; as a nutritive supplement; and as an adjunct to parenteral liver or B_{12} therapy in Addisonian pernicious anemia.

the recommended daily dosage—1 tablet, 3 times daily—delivers:

Vitamin B_{12}† (Activity Equiv.)	36 mcg.
Gastric substance‡	300 mg.
Folic acid	3 mg.
Ascorbic acid (Vitamin C)	150 mg.
Ferrous sulfate, exsiccated	600 mg.

†Derived from Streptomyces Fermentation. ‡Contains intrinsic factor.

'Feosol Hematonic' is available in bottles of 100 tablets.

Smith, Kline & French Laboratories, Philadelphia

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chemically
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Terramycin

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for toleration, effectiveness,
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world's largest producer of antibiotics

DON'T MISS

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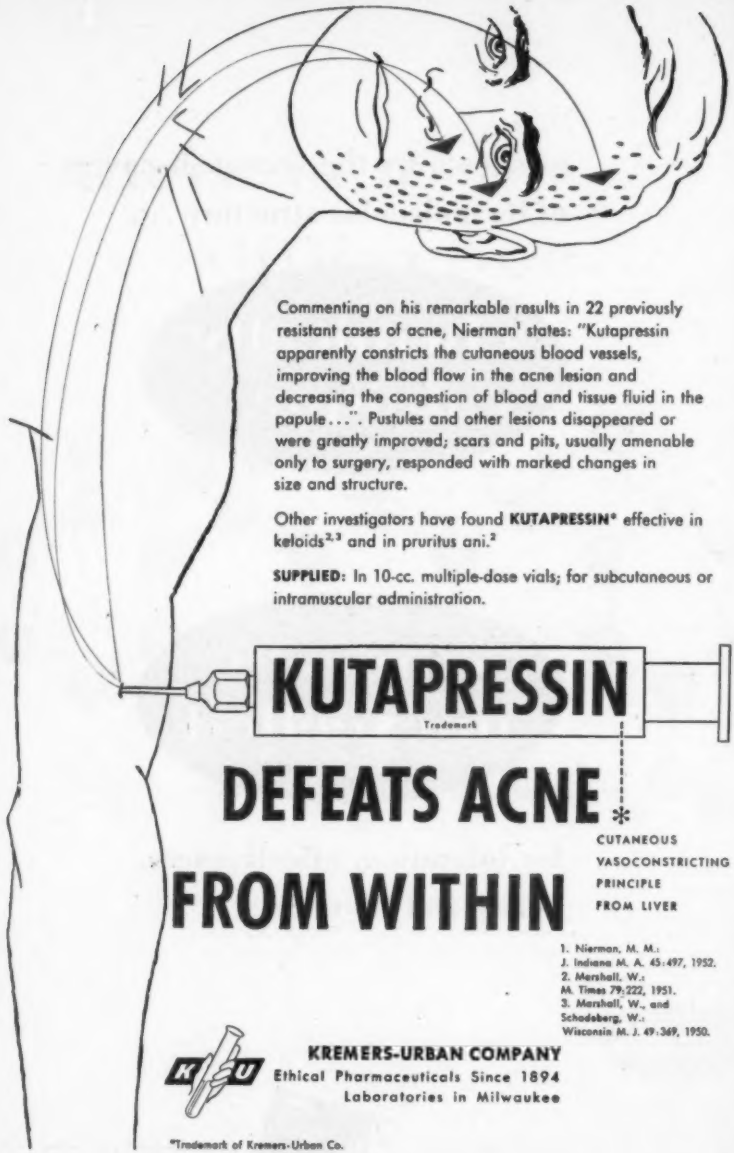

Commenting on his remarkable results in 22 previously resistant cases of acne, Nierman[1] states: "Kutapressin apparently constricts the cutaneous blood vessels, improving the blood flow in the acne lesion and decreasing the congestion of blood and tissue fluid in the papule . . .". Pustules and other lesions disappeared or were greatly improved; scars and pits, usually amenable only to surgery, responded with marked changes in size and structure.

Other investigators have found **KUTAPRESSIN*** effective in keloids[2,3] and in pruritus ani.[2]

SUPPLIED: In 10-cc. multiple-dose vials; for subcutaneous or intramuscular administration.

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DEFEATS ACNE FROM WITHIN

* CUTANEOUS VASOCONSTRICTING PRINCIPLE FROM LIVER

1. Nierman, M. M.: J. Indiana M. A. 45:497, 1952.
2. Marshall, W.: M. Times 79:222, 1951.
3. Marshall, W., and Schadeberg, W.: Wisconsin M. J. 49:369, 1950.

KREMERS-URBAN COMPANY
Ethical Pharmaceuticals Since 1894
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How to Cut Taxes on Stock Profits

You can trim this year's tax bill by balancing profits and losses now

• If you own stocks, this is the time to consider ways of minimizing taxes on your gains for the year. By handling your holdings judiciously, you may be able to rack up substantial tax savings.

Only two basic principles are involved. Though somewhat tricky in application, they're fairly simple in theory:

1. If you can make your profits qualify as *long-term* capital gains, you can cut a big chunk out of your tax bill. Why? Because the tax laws give special treatment to such gains—that is, to profits on the sale of assets held six months or longer.

These long-term gains are taxed at half the rates that apply to ordinary income. Even better, the highest rate you ever have to pay on them is 26 per cent. By contrast, the rate for the highest bracket of ordinary income is 92 per cent.

2. The revenue laws permit you to *deduct capital losses* from capital gains, then pay taxes on the difference only. And if your losses exceed your gains, you can deduct (or "offset") up to $1,000 of the excess from ordinary taxable income.

Even if your net loss exceeds $1,000, you can carry the excess over for as long as five years and use it to offset future capital gains. This means that the capital losses you suffered as far back as 1947—and haven't already offset—are worth their weight in taxes to you right now.

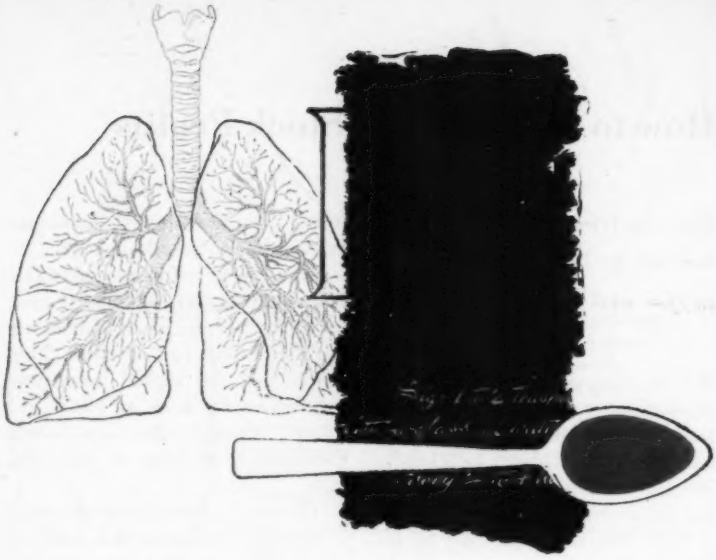
The simplest method of offsetting is a straight balancing of a profit on one security against a loss on another. To qualify for this treatment, such profits and losses must be realized before the end of the taxable year. This means you'll have to order a sale by Dec. 26 to establish a capital gain or loss. (The Treasury says the proceeds of any sale must be available to you by the year's end; and most such transactions take three business days to clear.)

Here's an illustration of the most basic kind of offsetting:

Let's say that you hold 100 shares of Consolidated Capsule, on which you can realize a profit of $5,000 in today's market. You're not sure where prices are headed, so you're thinking of selling.

Let's say, too, that you also hold

By Peter S. Nagan



To Clear Congestion, Control Cough

WITHOUT CODEINE SIDE-EFFECTS

The action of a powerful histamine antagonist to relieve respiratory congestion and inflammation, alleviate bronchial irritation —this distinguishes Pyribenzamine Expectorant from ordinary cough syrups. But more than that, this unique antitussive combination provides a long-acting bronchiole-relaxant plus an effective liquefying agent to promote more productive expectoration. Pyribenzamine Expectorant thus counters basic causes of cough without constipation or other unfavorable reactions to codeine.

- Make this non-narcotic decongestant your next prescription for cough.

Each teaspoonful (4 cc.) contains 30 mg. Pyribenzamine citrate (tripelennamine), 10 mg. ephedrine sulfate, 80 mg. ammonium chloride. In pint and gallon bottles.

Pyribenzamine® EXPECTORANT

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100 shares of Standard Syringe, which is now selling below your purchase price—$5,000 below, for the sake of a neat example. If you sell both these stocks before the year-end, you can offset the gain on one with the loss on the other. Thus you won't have to pay any tax on your profit from Consolidated Capsule.

If you sold only the Consolidated and waited until *next* year to take your licking in Standard, you'd have to pay a tax on this year's profits. And the later loss might even be wasted; its offset value might go unused if you had *no* stock profits in 1953 or succeeding years.

Two Ways to Save

Of course, you may have faith in the future of syringes and want to stay "in"—even at a price. In that event, there's still a way to take your loss now (when you can offset your profit with it) and yet keep your investment status fundamentally unchanged.

How? By selling Standard Syringe and by putting the cash into another syringe stock of similar price and quality. You'd still be in syringes—but your loss on Standard would be officially registered in time to save you taxes.

Even if nothing but Standard Syringe will satisfy you, you can sell it, register the tax loss, and buy it back again. (After a thirty-day wait, that is. The Treasury insists that you leave the price to the mercy of the market for thirty days; otherwise, you'd be establishing the loss by mere bookkeeping.)

Besides this classic version of offsetting, there are some less-used methods. These can come in handy even if the securities you own are not now selling below purchase price. Let's take a glance at several of them.

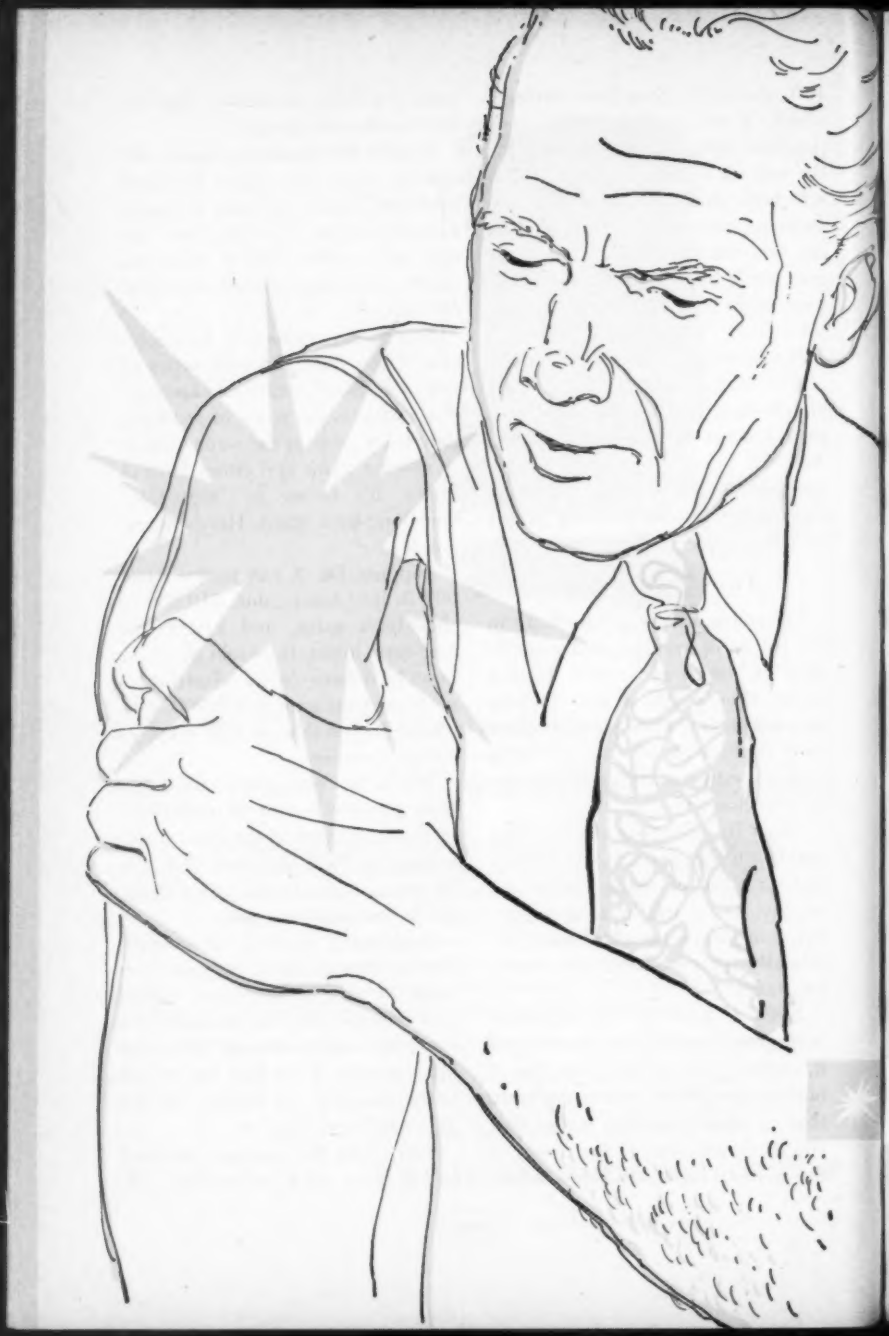
Segregating gains may be important if you have different types of gains and losses to take into account. For instance, be wary of realizing long-term gains in the same year as short-term gains and either kind of losses. It's better to "segregate" your long-term gains. Here's an example:

Suppose Dr. X can realize $10,000 in long-term gains, $10,000 in short-term gains, and $10,000 in long-term losses. If he sold all stocks now, he'd have (after offsetting) a net short-term gain of $10,000. This would be taxable at full rates as ordinary income.

But if he "segregates" the long-term gain and puts it off until 1953, he'll pay no taxes on the other transactions for 1952. And next year, the 26 per cent maximum rate will apply to his long-term gain.

Postponing gains is also worth further consideration. Suppose you want to take a long-term capital gain now but have no prospect of a loss with which to wash it out for tax purposes. Your best bet would be to postpone tax liability for the gain until next year.

You could, for example, contract to sell your stock before Dec. 26,



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but write into the contract a provision for delivery early in 1953. Thus, the capital gain won't apply until next year—which gives you a full twelve months during which an offsetting capital loss might develop.

Dividends Go Further

Saving taxes on dividends is another real possibility. You can convert a dividend from highly taxed income into a long-term capital gain (taxed at a maximum rate of 26 per cent) merely by selling the stock at the proper time. Here's how:

After a dividend is declared but before it is paid (there's usually a month or so between) the market price reflects the amount that will be received. The stock appreciates by roughly the amount of the dividend. Thus, if you sell at that time, you'll have to pay only a capital gains tax on the appreciation.

Let's say you have owned 1,000 shares of Amalgamated Antibiotics for about nine months. It was selling at $40 a share last week—the same price you originally paid. But then the company declared a $2 dividend, and the price rose to $42. If you sell now, you'll have a long-term capital gain of $2,000, taxable at just half the ordinary rate. But if you wait until the dividend is paid, then you have to treat the proceeds as regular income and pay full rates on them.

Year-end security transactions to minimize taxes are profitable but tricky. Even professional traders sometimes find them hard to figure. So before you get in too deep, better get some expert advice. END

"The term is not 'to putter around.' The term is 'to do an exploratory.'"

A New Challenge to Doctors

Does this labor-sponsored health plan pose a threat to private practitioners?

● San Francisco physicians recently got a letter from their medical society, that said, in part: "Union-labor health plans may bring drastic changes in the practice of medicine in the near future, and the profession must formulate plans to meet the challenge."

What brought forth this letter, with its sharp note of warning? A new project of the San Francisco Labor Council, which, some medical observers believe, may pose a real threat to doctors in that city—and, eventually, elsewhere.

The council proposes to set up a citywide network of health centers. These group practice centers are to be supported mainly by employer-financed health and welfare funds. And, as now planned, they'll provide full medical services for A.F.L. union workers and their families.

True, union-sponsored medical centers and service plans are nothing new. About a dozen big, centralized unions, such as the clothing workers and teamsters, now individually operate such plans in New York, St. Louis, and other cities. But when a group of 141 local unions *pool* their medical plan resources, that's a new and significant development in the labor health field.

In San Francisco, a majority of the citizens are either union members or their dependents. So it's not strange that many doctors expect the labor council's plan to profoundly affect private practice. The plan, if successful, could also portend major changes for many U.S. physicians elsewhere. It might well set the pattern for joint union health schemes in other cities.

The health center project, which A.M.A. experts as well as San Francisco doctors are now studying, was blueprinted for the council by Dr. E. Richard Weinerman, of the University of California School of Public Health. Here, as he sees it, is the way the plan will shape up:

In various neighborhoods where union workers live, fully equipped health centers will be established—each of them, in effect, a branch clinic of a central labor health institute. In these neighborhood centers, the professional group of G.P.'s, specialists, and other health personnel will act as an "independ-

By James C. Fuller

When you think of oral penicillin

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Whatever the indication or the patient's age, you will find a palatable Dramcillin product exactly suited to your needs. *White*'s Dramcillin "family" assures:

wide therapeutic control

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Now available in both 30 cc and 60 cc bottles, supplying 6 and 12 teaspoonfuls respectively.

Dramcillin-250 (250,000 units* per teaspoonful)

Dramcillin-500 and Dramcillin-250 place oral penicillin therapy on convenient t.i.d. or b.i.d. basis.

Dramcillin-250 with Triple Sulfonamides

(250,000 units penicillin* and 0.5 Gm. sulfas† per teaspoonful)

Dramcillin-250 Tablets with Triple Sulfonamides

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(100,000 units penicillin* and 0.3 Gm. sulfas† per teaspoonful)

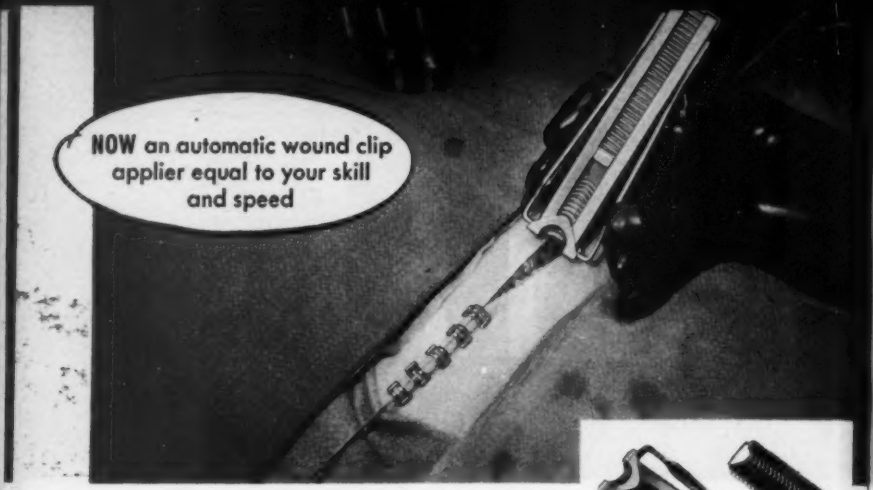
Dramcillin (100,000 units* per teaspoonful)

Dropcillin (50,000 units per dropperful—0.75 cc.)

**Crystalline penicillin G potassium*

†*0.167 Gm. each of sulfadiazine, sulfamerazine and sulfacetamide*

White Laboratories, Inc., Kenilworth, N. J.



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FASTER APPLICATION, POSITIVE ACTION—Based on the standard Michel technic, the Autoclip Applier is fast and positive. Autoclips can be applied to the skin as rapidly as the edges of the wound can be proximated ...the surgeon can concentrate on the actual closure. Cosmetic results are better.

FOR EMERGENCIES—The compact Applier weighs only two ounces—can be carried loaded and sterile in your bag always ready for use. When using the Autoclip Applier, nursing assistance is not required. The Autoclip Applier holds 20 Autoclips—(18mm.). Autoclips are double wound clips; fewer are needed.

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AUTOCLIPS 18mm., 20 nickel silver double clips per rack
100 clips (5 racks) to a box $2.40
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Quantity Discounts 5M—5%, 10M—10%

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Rack of 20 Autoclips is speedily loaded into magazine.

Clipping towels to skin—another important use for Autoclips.

ent partner" under group contract to the institute.

Each medical center will be paid by the institute on the basis of the number of persons it serves. But the professional staff itself will fix the methods and amounts of pay for individual physicians, who may work full- or part-time for the project.

Free Choice?

Who will be eligible for health center benefits, when and if the plan takes effect? Presumably, all members of unions that have welfare contracts negotiated by collective bargaining. At present, these eligibles include nearly 125,000 of the 187,000 A.F.L. members represented in the San Francisco Labor Council.

But, says Weinerman, the health center plan will remain voluntary. Each union will vote on whether or not to join. And individual members, even of participating unions, will be free, he claims, to choose between the new plan and the present fee-indemnity arrangement, which provides for services of private doctors. Thus, he says, "the right of free choice of physician *or of a group of physicians* is entirely preserved."

As for the cost of the plan, Weinerman estimates that monthly coverage for a single worker should amount to less than $4.50. For a worker and his family, regardless of size, it probably won't exceed $9—a monthly sum that he maintains is "within the ability of most welfare funds to finance."

For this expenditure, however, the worker's family would allegedly get about 80 per cent of all the medical services it's likely to need—including preventive, diagnostic, therapeutic, and rehabilitative care. Also included are hospital expenses. Patients requiring hospitalization would be sent to acceptable local hospitals—probably under an overall union contract with Blue Cross.

How It Began

The San Francisco plan evolved from a study of current health programs that the labor council asked Weinerman to make last spring. With more than $6 million a year to spend on prepaid medicine for union members, local labor leaders wanted an answer to this question: Why do the indemnity plans fall so far short of our goal of adequate medical care?

To begin with, Weinerman reports, he found that under the present set-up an insured union member gets back only about 50 cents of each premium dollar in actual "health value." The other half-dollar, he explains, is used up by high overhead and administrative costs of insurance companies and welfare funds alike; by abuses of fee schedules; and by excessive claims for hospital and surgical services, which preventive and diagnostic care might have made unnecessary.

But even the portion of the premium dollar that *does* come home in real medical benefits covers "only about 40 per cent of the 'insurable'

needs of the average family," according to Weinerman. Under the usual indemnity plan, he says, "medical care benefits are concentrated on the catastrophic, in-hospital services—and do little or nothing to meet the day-to-day health needs of working people." Moreover, he adds, half the union welfare programs don't provide coverage for dependents.

'Best Buy' in Medicine

On the basis of his findings, Weinerman eventually concluded that "it is a major waste of welfare funds to spend large sums for the prepayment of uncoordinated, spasmodic, and fragmentary medical services." To avoid that and to get the "best buy" in health plans, he recommended that the labor council adopt his unified health center program.

This it promptly did. So now San Francisco doctors are wondering: What next? Other doctors may wonder, too: If one such citywide union-sponsored plan succeeds, will the idea spread? What, then, might be its possible consequences for private practitioners everywhere?

According to Weinerman, service plans of the type he recommends "are able to provide almost twice as much medical care for the premium dollar as do the various insurance plans based on the reimbursement of private fees." So it's a mere matter of dollars and cents, as San Francisco's union leaders see it.

Will medical men see it in the same simple terms? END

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Introducing new flexibility in broad-spectrum antibiotic therapy with the most familiar and acceptable form of medication for your patients—well-tolerated, rapidly-effective Crystalline Terramycin Amphoteric Tablets (sugar coated) are prepared from the pure, natural antibiotic substance, assuring availability throughout the pH range of the gastrointestinal tract. Will not contribute to gastric acidity.

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Supplied: 250 mg. tablets, bottles of 16 and 100; 100 mg. and 50 mg. tablets, bottles of 25 and 100.

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Soothes-Protects-Aids Healing

Contains benzethonium chloride and zinc oxide, effective skin antiseptics, in a bland lanolin absorption base. Allays burning and itching . . . softens and protects the skin . . . helps ward off secondary infection in prickly heat, chafing, diaper rash, "winter itch," etc.

SUPPLIED: In 2-oz. tubes.

AND FOR ADDED PROTECTION IN DIAPER RASH... AMMORID *Diaper Rinse*
Contains methylbenzethonium chloride to prevent growth of organisms responsible for diaper rash.
SUPPLIED: In bottles of 240 Gm.

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COLUMBUS, INDIANA

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[CONTINUED FROM 81]

employ X-ray, radium, or pathological technicians: $5 flat charge except in Louisiana, where it's $12.50.

¶ *Doctors who are members of a partnership:* 50 per cent of each partner's individual rate.

¶ *Physicians who own or operate hospitals or clinics with beds:* special policies available at higher rates.

The new malpractice contract makes no extra charges for nurses and office aides. Nor does it impose surcharges even on plastic surgeons or on practitioners who give shock therapy. (Of course, that's no guarantee the latter can get coverage; for a company may still not consider a particular doctor a good enough risk.)

Want Higher Limits?

Limits up to $100,000/$300,000 are available at increased rates. In most cases, these rates are figured by multiplying the rate shown for basic limits by a pre-determined factor.

For example, here are the factors for four higher limits:

$15,000/$45,000	1.55
$25,000/$75,000	1.71
$50,000/$150,000	1.89
$100,000/$300,000	2.06

Thus, an Alabama non-surgeon who wants $25,000/$75,000 limits will pay $51.30 a year (the basic rate, $30, multiplied by the factor for the coverage he wants, 1.71).

The new policy form covers damages resulting from "malpractice, error, or mistake in rendering or failing to render professional services." Its only exclusions, other than those that can be avoided by paying the extra charges mentioned above, are: (1) criminal acts; (2) injuries caused by a person under the influence of alcohol or drugs; and (3) assumed liability (e.g., guaranteeing the results of treatment).

Though it does not depart radically from past policies, the new form may be more comprehensive than some individual company contracts. It's a good idea to keep this in mind when comparing rates. END

"Isn't it nice to be able to afford to have something again, Mrs. Leeds?"

CREMOTHALIDINE®, SULFATHALIDINE® Suspension, is indicated in treatment of both infectious and non-specific diarrheas. CREMOTHALIDINE not only profoundly reduces intestinal bacterial flora, but also helps control other aspects of diarrhea: "cramping in the abdomen subsides (in) about 48 hours . . . blood in the stool disappears, and stool becomes formed and odorless and the number of evacuations are reduced substantially."[1] Supplied in SPASAVER® bottles containing 8 fluidounces. Sharp & Dohme, Philadelphia 1, Pa.

Sharp & Dohme

1. Streicher, M. H.: Illinois M.J., 88:85, 1945.

Partnership Practice: Its Pros and Cons

[CONTINUED FROM 74]

This leads us into the personal benefits of partnership, nearly all of which can be summed up in these words: *better control of time.*

As compared with the typical solo practitioner, most partners are able to take more post-graduate courses, more convention trips, more time off. They get relief from pressure, particularly in later years. Yet all this is achieved without imposing on anyone, since the benefits are alternated or shared.

Dangers of Partnership

So much for the advantages of partnership practice. Now, what about the chief hazards?

Nearly all the potential disadvantages can be neutralized if planned for in advance. It's when they bob up unexpectedly that they cause disillusionment—and sometimes dissolution. That's why, when doctors come to us for help in forming a partnership, we generally point out the drawbacks first.

Legal Risks Shared

For example, partnership means *broader legal liability.* Although the details vary from state to state, the general rule is that an M.D. is financially responsible for his partner's professional acts. When one doctor contracts to buy equipment, or hires a new employe, or commits malpractice, the other doctor must stand his share of the costs.

Note that this does *not* mean liability for a partner's personal debts. Conceivably, a partner might even go through bankruptcy, for personal reasons, without seriously involving his partnership.

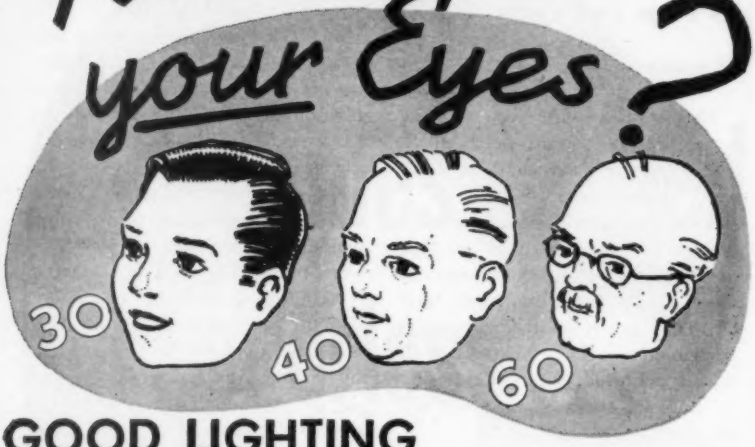
But sometimes it's hard to draw the line between personal and professional acts. Suppose a doctor runs over a child, is held accountable for $100,000 in damages, and has only $50,000 in insurance. If the accident can somehow be linked with the doctor's profession (for example, by proving that he was on his way to the hospital or on a house call), his partner *might* have to assume part of the $50,000 deficit.

All this, however, sounds more dangerous than it really is. The legal hazards can be guarded against with such things as broad liability insurance, good malpractice policies, and a sound partnership agreement drawn up by an experienced attorney. In many years of working with partnerships, we have never encountered a case where a doctor was financially penalized because of his partner's misdeeds.

When Assets Are Pooled

Another possible drawback to partnership might be described as *financial inflexibility.* Once you combine assets with a partner, it's no longer easy to pull out. Your con-

How old are your Eyes?



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trol over your own financial destiny is somewhat more limited than in solo practice. Your overhead may be higher, your earnings not necessarily so.

Why is overhead apt to be higher? Because partners tend to install facilities on which they make a smaller profit than they make on their own services. This generally means better service to patients, but at a greater operating cost.

Some time ago, for example, two partners in Wisconsin hired a full-time laboratory technician. In a typical month, their patients now get $1,500 worth of laboratory services. All but 25 per cent of this new income goes for laboratory expenses. By contrast, the doctors make almost 50 per cent profit on their own services. So, while the lab facilities boost the partnership's gross income, they boost its overhead by an even greater percentage.

You can see this in almost any record plucked from our files. Here's one, for instance: Last year's gross income of a highly successful three-man partnership in Illinois amounted to $275,000; expenses totaled $123,000. That's a cost ratio of almost 45 per cent—higher than in most solo practices.

The Income Question

"But," you may ask, "doesn't this still suggest that *net* income is likely to be higher in partnership practice?"

Not necessarily. Many doctors go into partnership, remember, to seek relief from pressure. Particularly in the case of senior men, they tend to slow down a bit. Perhaps there's even some loss of incentive, since they know their earnings will have to be shared.

An Ohio surgeon provides a case in point. We have it on the authority of his partners that he'd have made more money in solo practice—but that he'd probably have killed himself doing it!

Who Gets Control?

For some men, the greatest personal drawback to partnership is the need for *constant compromise*. Not only do you have to settle such major matters as the division of income. You also have to agree on a succession of little things—what new equipment to purchase, who's to cover for whom, how to arrange your employes' time. In senior-junior partnerships, this problem is often minimized by vesting policy control in the older man. Even so, it may be a recurring problem.

The need for compromise extends even beyond the partners' professional life. Though partnership is often referred to as "an office marriage," its success sometimes hinges on the partners' wives. We can think of at least three partnerships where distaff-side discontent contributed to an eventual break-up.

Avoid False Starts!

Now, what do all these pros and cons prove?

They prove, in our opinion, that

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Ciba Pharmaceutical Products, Inc.
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*Sulzberger, Marion B., and Wolf, J.: Dermatologic Therapy in General Practice, ed. 3, Chicago, Year Book Publishers, Inc., 1948, p. 107.

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Ciba

many more doctors than are now in partnerships would find them the best way to practice medicine. But we can probably save trouble right at the start by presenting our own list of "don'ts." Here they are:

1. Don't go into partnership just to handle more patients. Many times, when a practice seems too big for one man, he thinks bringing in another M.D. is the only answer. It isn't. As a rule, we recommend trying the efficiency treatment first. An improved office layout, a better-controlled appointment schedule, the hiring of a second aide—any of these may help solve the problem.

More than one doctor we know has persisted in ignoring this advice. His practice is a "rat race," he may insist; and only a partnership can free him. But when he teams up with a colleague, it doesn't take long for the patient load to jump 100 per cent. Then there are simply *two* rat races instead of one.

Mixed-Specialty Problems

2. Don't pick a partner from outside your own field. True, there are exceptions—especially in small towns. But in the great majority of successful partnerships, the members are two general practitioners; or two specialists in the same field; or a specialist and a general man who leans toward his partner's field. The same general principle holds for three-man combinations.

Why is this so? Well, consider the surgeon and the internist who go in together. Neither can help the other on specialized clinical problems; neither can cover for the other man. And neither gets all the referrals he'd get if he were in solo practice (local colleagues being doubly afraid of losing patients to the combination). Thus, mixed-specialty partnerships invite many problems but solve few.

If you need further proof, note the story of two West Coast friends. Since college days, they had planned to practice together. And they went through with the idea—even though one was trained as a surgeon, the other as an obstetrician.

Trouble arose at the start. Since surgical patients paid their bills before obstetrical patients did, most of the partnership's early income was brought in by the surgeon. This strained relations between the two. And it soon became apparent that they'd get no referrals from home-town colleagues.

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partners in their own fields. They're successful now—but not as a team.

Who Make Best Partners?

3. Don't take on a partner unless you have complete confidence in him. This means both professional and personal confidence, and it transcends all other requirements.

What types are most likely to share this mutual confidence? In our experience, doctors with complementary skills. If they're in the same field, and if one can do things the other can't (and vice versa), that augurs well for their partnership.

Complementary personalities may be even more important. We'd say that *different* types who lead *different* lives are apt to make the best partners. In one Illinois combination, for example, the senior man is slow, meticulous, hard to get to know. The junior is quick, imaginative, and a born extrovert. The two men seldom see each other outside the office. Theirs is one of the most successful partnerships we know.

The Way to Begin

4. Don't start a partnership without some sort of trial run. Occasionally, in the case of established practitioners who know each other quite well, this isn't necessary. Far more often, it is. It saves you from combining your assets and then finding you want to separate them again—which is something like unscrambling an egg.

A small-town doctor in Wisconsin discovered this too late. He had a busy practice in the surrounding villages, and he figured that another doctor could help him maintain several offices. So he took in a new man and made him a partner right off the bat.

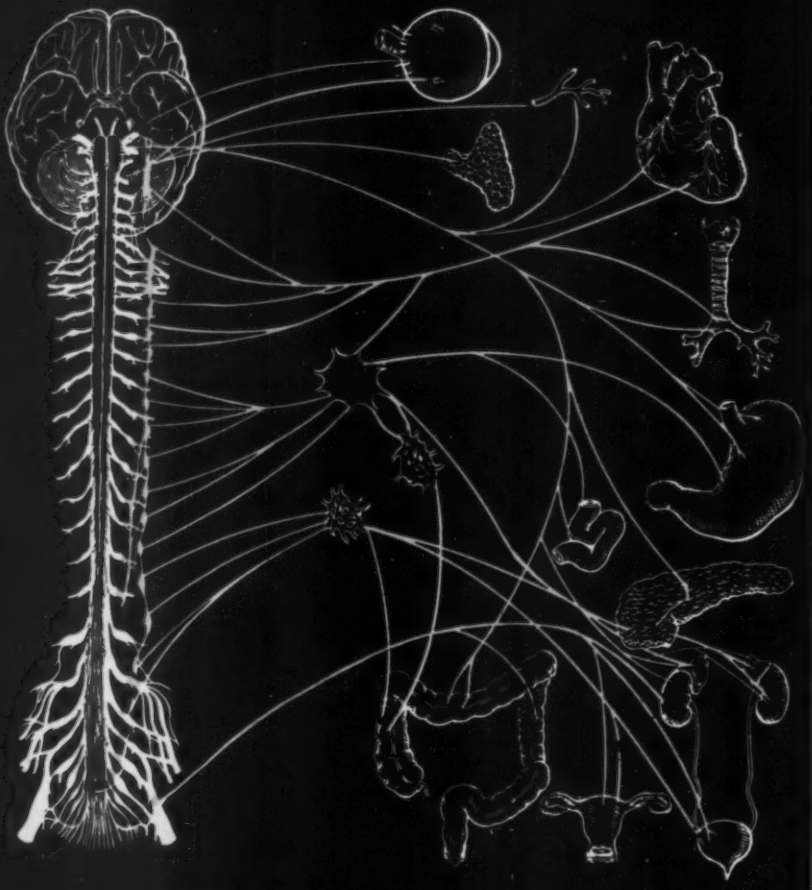
As it turned out, the first doctor hadn't really been busy—just spread thin. Taking on a partner raised his overhead without raising his volume. Since they'd signed an agreement, however, it was easier to keep going than to stop. Today their joint practice has improved—but there's still barely enough business to support both of them.

Instead of plunging right into a partnership, experiment first. For example, a young colleague can be put on salary for a year, with an employment contract that states the senior's future intentions. These intentions needn't be legally binding; but if executed in good faith, such a contract forms a perfect bridge to full partnership. On the other hand, if the two doctors *don't* hit it off, they can terminate their arrangement with the least possible strain.

Another way to try out joint practice is by sharing office expenses. Here, for example, is how two Indiana pediatricians do it:

Each doctor runs his own practice, owns his own equipment, and collects his own bills. But each occupies part of the same professional suite and uses the same secretarial help. Once a month, their expenses are totted up—rent, light, salaries, repairs, drugs, supplies, telephone,

EXCESS NEURAL



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RESEARCH IN THE SERVICE OF MEDICINE **SEARLE**

postage, and such. These bills are paid out of a reserve kitty, which is then replenished by each doctor in proportion to gross business done.

Books Must Balance

5. Don't start a partnership without good legal and accounting advice. We've already mentioned the legal risks; they make consultation with an attorney a must. The bookkeeping hazards are almost equally important. Good financial records are nice to have in solo practice, but you can't do without them in a partnership—first, for tax reasons; second, for fair division of earnings; third, to permit prompt liquidation if it ever becomes necessary.

Sometimes, proper accounting is all that holds a partnership together. If it weren't for this, two Michigan doctors would long ago have gone on the rocks. When left to their own devices, they used to forget to set aside funds for such things as depreciation reserves. Once they found themselves several thousand dollars short of the necessary cash for their quarterly income tax installment.

Soon afterward, they gave their accountant the authority to set aside such funds for them. He does so every month now, and the partners get along admirably. Meanwhile, their practice is booming.

"Better than Social Security, this combination," one of these doctors said the other day. "You don't have to wait till you're 65 to draw the benefits."

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END

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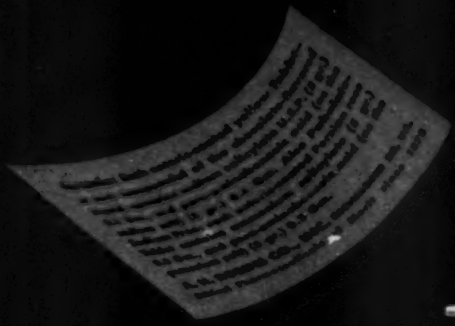

Can the Army Draft You to Peel Potatoes?

[CONTINUED FROM 69]

paper headlines began to pose such queries as, "What Rights Do M.D.'s Have?" And a small group of professional men, organized as a Committee to Prevent Abuse of the Doctor Draft, got busy on Orloff's behalf.

Orloff, the committee claims, would have been draft-exempt in any profession except medicine or dentistry. He is married, 27 years old, and the father of two children. But as a doctor trained at Government expense during World War II, he was in line for attention from Selective Service. So, according to the committee, he applied for and received a captaincy in the Air Force Reserve, as a psychiatrist. The commission was revoked, however, on July 24, 1951, and on July 26 he was drafted as a private.

The Air Force has given no reason for revoking his commission. But the committee gives this explanation: "Although Dr. Orloff had signed the Oath of Allegiance . . . he had elected to exercise his Constitutional privilege of declining to answer specified questions on a loyalty questionnaire." His reason: "a matter of principle."

Draftee Orloff applied to the Army for a commission without success, says the committee. (An Army account of the affair later held that he "did not comply with all the requirements of law for such commissioning.") He then applied for permission to practice medicine as an Army doctor without a commission, the committee reports. But when he had completed his basic training, he received overseas orders, which convinced him that the Army was not concerned about his medical skills. Accordingly he appealed to the civil courts for a writ of habeas corpus, entering suit against his commanding officer at Fort Lawton, Seattle. Thus the unique case began its tedious course toward justice.

Hearings before the three judges of the Circuit Court of Appeals in San Francisco early this year produced fireworks. The Army's representative, Maj. Robert Hillis, was asked by the Court: "Is it your interpretation that the doctor may be inducted into the service . . . and be given no consideration at all as to his use? In other words, could you make him an artilleryman?"

Hillis replied, "I see no reason why it couldn't be, sir."

The Court: "Is it your contention that you have the right to deny the population of San Francisco the services of a famous surgeon and then use him to wash dishes?"

Hillis: "When he is inducted, he is inducted for . . . whatever service the Army chooses to use him for."

Orloff's plea was denied. The Court upheld the Army's right to assign drafted doctors to any work

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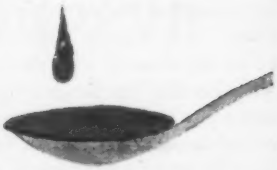

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reasonably related to medicine. But when the case was brought up for rehearing, one of the judges rendered a separate opinion. The gist: "Due process under the Doctor Draft Law requires the Army to use [an inducted doctor] as a doctor or return him to civilian life."

On this ground, Stanley Orloff, still serving as a private in the Army, though with medical duties, has now appealed to the U.S. Supreme Court.

Commenting on the case, Acting Surgeon General S. B. Hays points out that the Army's insistence on its right to draft doctors as dish-washers is merely a literal interpretation of the law; it is *not*, he maintains, Army policy. "Actually," he adds, "the safeguards imposed by Selective Service, the Department of Defense, and the Department of the Army . . . afford substantial protection against an abuse of any of the [doctor's] legal 'rights.'"

The fact that Orloff now serves in a completely professional capacity indicates the Army's intentions, the general explains. "Even before Dr. Orloff's induction, the Army Medical Service had determined that no physicians inducted . . . as enlisted men would be . . . 'potato peelers' and consequently established a policy that all such inductees would be earmarked for the Medical Service [after] basic training." The long delay in transferring Orloff to psychiatric duties was due, Hays says, to "necessary reclassification arrangements."

Is any other doctor likely to find himself in Private Orloff's early plight? Probably not. Says Hays: "The Army Medical Service has made no secret of the fact that it prefers [draft-eligible] physicians . . . to properly qualify themselves for commissions. In order to encourage the acceptance of commissions, we have greatly streamlined our whole commissioning procedure and afford the draft registrant an almost unlimited opportunity both before and after induction to qualify. The fact that Dr. Orloff is the only physician now serving as an enlisted man is perhaps an indication of the success of our efforts."

But suppose some slip-up propels other doctors into the Army without a commission? "It does not follow that we have turned our backs on [them]," Hays states. "Such inductees will be assigned as physicians where their professional training will be fully used." END

"Sorry, Johnson. I haven't had the thing long enough to read the instructions."

The Newsvane

Study Finds Today's Rx's Easy on the Pharmacist

Only 21 per cent of the prescriptions doctors are writing nowadays require compounding by the pharmacist, according to a New Jersey survey made by the Rutgers College of Pharmacy. The remaining 79 per cent call for items that can be dispensed as manufactured.

Monthly samplings of consecutive prescriptions filled by ten retail drugstores in ten New Jersey cities were taken by Rutgers students over a recent six-month period. Abbott Laboratories of Chicago cooperated in the study of the 5,480 prescriptions gathered. Some findings of particular interest to physicians:

¶ The average prescription cost the buyer $2.04.

¶ Of the 1,266 prescriptions that required compounding, many were simple water solutions. Three or fewer ingredients made up more than 80 per cent of the compounds.

¶ Anti-infectives, accounting for over 30 per cent of the prescriptions, topped the therapeutic classifications, with the antibiotics predominating. Sedatives and hypnotics, at 9 per cent, were in second place; cough and cold preparations, at 7 per cent, were third.

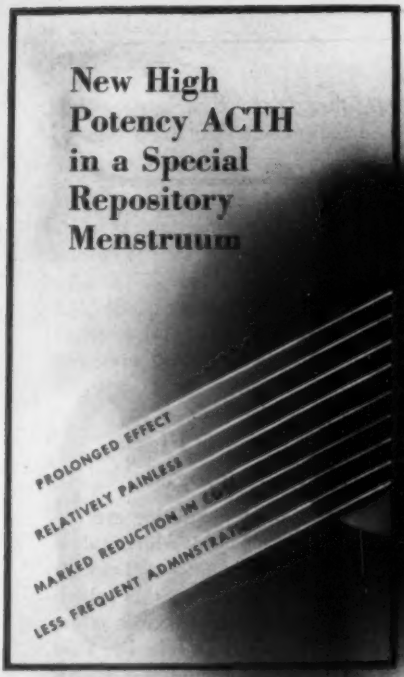
¶ The most popular form of medication seems to be tablets, which were specified in nearly 35 per cent of the Rx's. Next came capsules (15 per cent), followed by various forms of liquid medication, ointments, and powders.

A.C.S. Director Flays Split-Fee Apologists

Apologists for fee splitting are defending a practice by which a doctor may "purchase his patients with blood money" from another whose referral constitutes "a serious crime against the patient," says Dr. Paul R. Hawley, director of the American College of Surgeons.

He decries efforts to evade ethical rules through what he calls "manipulations in semantics." The prevalence of rebates and commissions in other fields doesn't excuse them in medicine, he says, in an article in the A.C.S. bulletin; and he warns against an increasing tendency to wink at "the introduction of commercial practices" into the profession.

Nor do exorbitant surgical fees, which the A.C.S. opposes "for many reasons . . . not the least of which is simple justice to mankind," excuse fee splitting, though they may *en-*



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Miles H. Robinson
Sues his society for $134,500

courage it, adds Dr. Hawley. "It is a perverse and entirely unjustifiable habit on the part of some to pay the specialist and neglect the referring physician," he says. "Consequently, since the specialist seems to be a preferred creditor, the practice has grown for him to collect a very large fee and split it with the referring physician . . . This situation is often cited as moral and ethical justification for fee splitting . . . but there remains the age-old tenet that two wrongs do not make a right."

He sees "two sins in fee splitting —one lesser, one greater." Secrecy is the lesser; "to withhold from [the patient] information which concerns him in this way is to violate . . . honesty and contravene the rule of frankness between doctor and patient."

But "the mortal sin is that of 'inducement' . . . A physician who refers a patient to a specialist into whose care he would not place himself is guilty of a serious crime against the patient . . . Few habitual recipients of split fees, when in need of care themselves, will consult a specialist who has connived with them in this practice. They go to the ethical man, who is usually the better man, and who does not have to purchase his patients with blood money.

"This, then, is the great evil of fee splitting. The interests of the patient are disregarded. He is referred —nay, he is sold—to the unscrupulous specialist who will pay the highest price for him. How anyone can defend such a practice is beyond comprehension; yet it has its defenders."

M.D. Sues County Society For 'Unlawful Expulsion'

Grievance committees aren't always good things, according to Dr. Miles H. Robinson, of Walla Walla, Wash. For him, he says, the grievance committees of his county and state societies have meant "great trouble" during the past two years. As a result, he is now suing the societies for $134,500 damages.

Robinson's crusade against grievance committees stems from his expulsion from the Walla Walla Valley Medical Society last year on what he calls the "false and ridiculous charge" of having unethically revealed a patient's contagious dis-

ease to the patient's son-in-law. Though reinstated fourteen months later, he had already filed his damage suit, and he hasn't withdrawn it. Along with the two societies, he is suing eleven physicians who comprise the grievance committee and officers of the local society; the lay secretary; two hospitals that dropped him from their staffs; and a couple of patients.

In a recent open letter to Washington State physicians, Robinson maintains that he was victimized by the "secret" Walla Walla grievance committee. Until lately, the identity of its members was known only to the president, who appointed them, he says. And he charges that such secrecy "can enable a medical clique to gain a virtual monopoly of all medical business in a small community, by unfairly encouraging grievances and rebukes in the case of some doctors and discouraging [them for] others."

The accusation before the secret grievance committee, he insists, was not "processed according to the Constitution and By-Laws of our local medical society," which assure any accused doctor of a hearing by the society's trustees before further action. Instead, "after many irregular procedures," as he puts it, the accusation was detoured to the state society's grievance committee, which recommended suspending the doctor for six months.

Still without giving him a formal hearing, he claims, "the trustees of the Walla Walla society accepted this extraordinary prejudgment of

my case." Only then did the matter come before the local society's general membership, according to Robinson. The result: "On May 22, 1951, my society expelled me."

Promptly he appealed to the Judicial Council of the A.M.A., which declared his expulsion "invalid and void." "The council feels," it explained, "that when procedures for disciplining members have been established, they should be strictly followed." The Walla Walla society accepted A.M.A. guidance and reinstated him.

Meanwhile, however, Robinson had evaluated the damages suffered from his temporary loss of membership at $134,500. His complaint to the court offers the following breakdown of the figure:

$50,000 for humiliation and mental anguish;

$18,000 for income lost after the expulsion, when his monthly net earnings dropped from $1,030 to a deficit of $250;

$60,000 for future income losses; and

$6,500 for costs of fighting the society's action.

His final word on the subject in his open letter to colleagues: "For the sake of a strong and healthy medical profession, I urge you to be vigilant: both generally, with respect to enforcing the laws of our Constitutions; and specifically, in the delegation of disciplinary authority to committees or individuals who operate by secret and undemocratic methods."

Herman E. Hilleboe:
Quit cold-shouldering P.H. men

When queried about the Walla Walla society's attitude toward the Robinson case, a spokesman replied: "Inasmuch as this matter is now in the courts, the society has not issued any statements for publication."

Do Public Health Agencies Threaten Your Freedom?

Many doctors prefer not to work closely with public health agencies because of possible interference with their professional freedom. But, asks Dr. Herman E. Hilleboe, commissioner of health for New York State, "Freedom for what?" And he adds, "What we seek is freedom to serve."

In a recent speech to the forty-eighth annual health conference of the State of New York, the health

commissioner pointed out that "complete freedom is not necessarily the natural state of human beings in a crowded society." Asserting the need for professional *responsibility* as well as professional freedom, he suggested that private physicians can best serve their patients and communities by cooperating with public health doctors.

Only through "a philosophical merger of the policies of medical societies and public health agencies," Dr. Hilleboe predicts, can medicine continue to gain over such public enemies as heart disease and cancer.

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2,400 consumers from the advertising firm of Batten, Barton, Durstine & Osborn have revealed that the pharmacist makes this enviable impression on 94 per cent of his customers.

In spite of their regard for him, however, people apparently like to check up on the druggist, to compare his prices with others', and to watch him work. Two-thirds of his customers want to see him actually compounding their prescriptions, according to the survey.

More than a third of those queried (37 per cent) say they've recently switched their patronage from one drugstore to another. Why have they done so, if druggists are such paragons? Some of them explain that they've moved into new neighborhoods or have found lower prices elsewhere. But many admit they've simply accepted the recommendations of their doctors.

Health-Needs Commission Accused of Undue Haste

The President's Commission on the Health Needs of the Nation, working to get a report written before the end of 1952, is under new attacks by medical men because of its haste.

A case in point is the recent charge of Dr. R. G. Arveson, council chairman of the Wisconsin state medical society, that the commission is merely paying "lip service" to the President's executive order for "a critical study of our total health requirements" and recommendations for meeting them.

R. G. Arveson
Slams Magnuson Commission

Arveson's criticism was made at a nine-hour "grass-roots" hearing conducted by commission members in Minneapolis. The hearing—one of eight held regionally in addition to panel hearings in Washington—was devoted to ten-minute oral statements by representatives of fifty-odd farm, labor, medical, and other organizations. Subject under discussion: health needs in the upper Midwest and Iowa.

Physicians would welcome "any genuine searching inquiry and critical study," Arveson said; but he added: "If [the commission] conducts its proceedings as illustrated by this hearing, I doubt that it can receive anything more than statements based upon emotionalism, impressions, and prejudices, either with-

out foundation in fact or based upon inadequate information."

For his own state of Wisconsin alone, he asserted, "such a study . . . calls for adequate advance planning of sufficient competence, and hearings of sufficient duration, to insure that the commission can meet the President's charge."

Echoing Arveson's criticism, Dr. Roger L. J. Kennedy, president of the Minnesota State Medical Association, characterized the hearing as "political by intent and nature." Said he: "There is really no situation in the health of the nation today which warrants this type of survey, and especially one conceived in such a rapid and haphazard manner."

'Clinic Gets Your Patient If You Don't Watch Out!'

Many people evidently seek hospital clinic care even though they have money to pay doctor bills—and private physicians are partly to blame. In a study of 600 applicants for out-patient care at Baltimore's Hospital for the Women of Maryland, Director Merrell L. Stout and his chief social service worker, Mrs. Pauline Newell, have made this discovery. They report that nearly 40 per cent of the surveyed applicants say they can afford private fees but have lost faith in private care.

"The majority of this group," they add, in an account of their findings published in the Maryland State Medical Journal, "come because they want a 'thorough examination'

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+ 769.016 (1.00000 2208)^2 sin (2*l*)

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0.010 (1.00000 2208)^2 (1 − 0.00000 00683 20 t)^2 sin

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a mouthful

to memorize

Pictured at left are only a few of the equations used for computing the position of the moon on the Selective Sequence Electronic Calculator unveiled in 1948 by International Business Machines Corporation.

To duplicate this computation using a desk calculator manned by an operator trained in astronomical calculations would take approximately two months.

Thanks to a mammoth "memory" composed of electronic tubes, relays and recording tape, the IBM Selective Sequence Electronic Calculator can do the job in seven minutes.

In present-day medical practice, the growing variety of complex prescription drugs imposes an increasing burden on the memory of every physician. PHYSICIANS' DESK REFERENCE—PDR—is designed to lighten this load by providing the busy practitioner with authoritative, up-to-date information about pharmaceutical specialties and biologicals, in convenient, easy-to-use form.

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PDR **PHYSICIANS' DESK REFERENCE**

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or a 'complete check-up' which they have not been able to get, or think they could not get, from their family doctor. They are 'willing to pay whatever we ask' . . . They come because they have confidence in the clinic procedures. They express appreciation for the time given them, for the interest shown, for the possibility of complete diagnostic work under one roof."

The report indicates that many patients "have been educated to want more than they are getting in the office of their private doctor." Some typical reasons for dissatisfaction:

¶ Inadequate examination. ("I was told that bleeding was a danger signal and I asked for a pelvic examination. The doctor put me on the table with my corset on—and I don't think I had a thorough examination.")

¶ Inadequate explanation. ("I've asked my physician why I can't have children and he just laughs me off.")

¶ Ineffectual treatment. (Say Dr. Stout and Mrs. Newell: "The private physician keeps the patient returning to his office frequently without seeming to do anything for her.")

¶ Convenience of the clinic's one-stop diagnostic service. (Several patients said they preferred not to go "first to one doctor for a blood test and then to another for an X-ray.")

Whenever non-indigent patients choose the clinic by preference, the report continues "we try to refer

I'm free...

of doubt when I file my tax return, thanks to....

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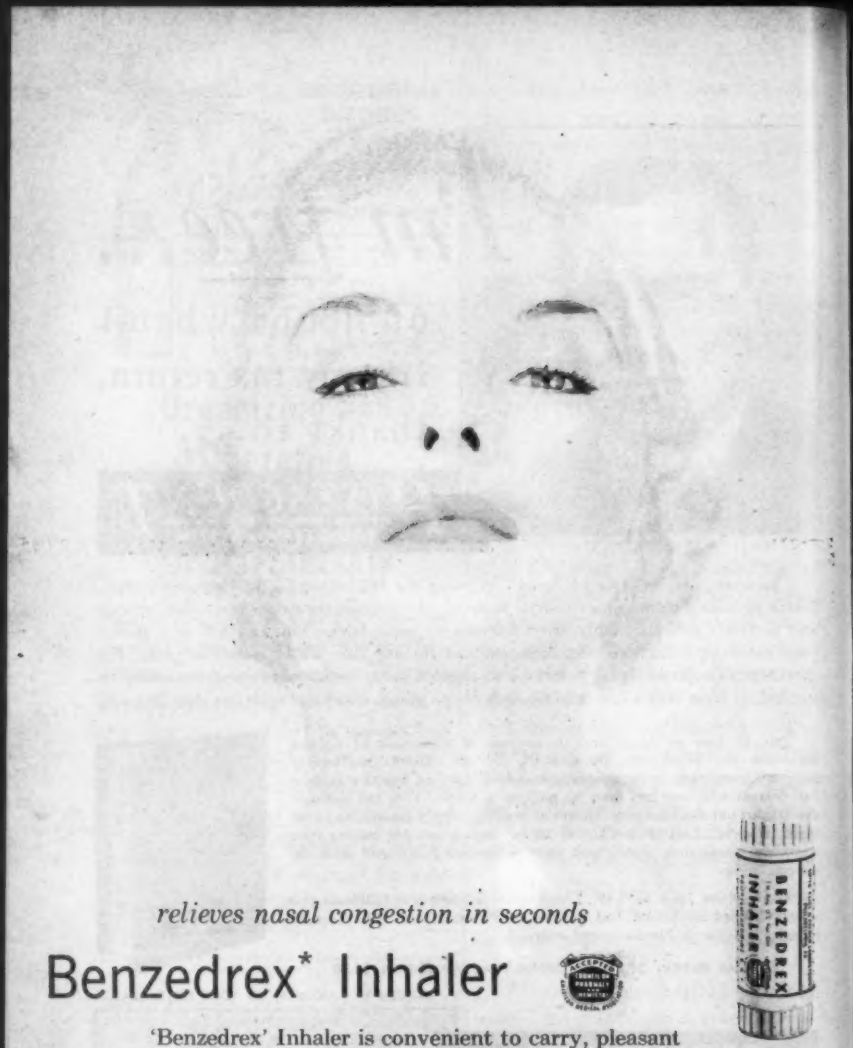

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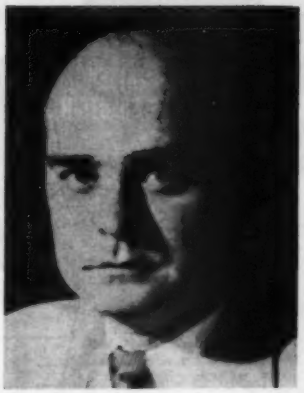
them to a private doctor if they have none. If they have a family doctor we urge them to consult him about a referral to us or to a specialist or private clinic. We accept patients from this category only if it seems that real harm could be done through lack of immediate attention."

But such refugees from private practice admittedly pose a problem: "With persuasion on the part of the social worker, sixty-nine of these women were referred to men on our visiting staff or returned to their family doctor, but 156 remained firm in their choice of the clinic."

The stubborn 156—and others like them—deserve serious thought, the report suggests. "It may very well be that there are some 'chiselers' in this group," it concludes, "[but] one cannot help but feel that a little more patience on the part of the private practitioner and a little more thoroughness would have kept some of these patients away from the clinic."

'Don't Overuse Medicine,' Says Medical Dean

Doctors should cultivate "the art of skillful neglect," says Dr. W. Clarke Wescoe, 32-year-old dean of the University of Kansas School of Medicine. He advocates teaching medical students the importance of knowing when *not* to medicate and when, instead, to try to guide the patient in self-healing. He warns especially against unrestrained use of the tempting array of new drugs.



W. Clarke Wescoe
Try 'neglecting' your patients

As a professor of pharmacology, Wescoe thoroughly approves the current boom in medical techniques. But he believes the very profusion of these may lead the young physician to think there's an outside remedy for every ill.

"About 90 per cent of all illnesses are best cared for by the body itself, without outside technical interference," says Wescoe, in an interview with a staff member of the Kansas City (Mo.) Star. "The well-trained doctor knows the art of skillful neglect. Often his biggest trial is the patient, or the family, who insist on a lot of medicines or even operations that aren't really needed."

He finds an atmosphere of "treatment and more treatment" fostered by the growing use of antibiotics, control drugs for anemia and dia-

betes, and hormones that make people feel better without necessarily correcting basic disorders. In such an atmosphere, he feels, student doctors need frequent reminders that nature is generally the best healer.

Doctor-Patient Collusion Seen in Benefits Program

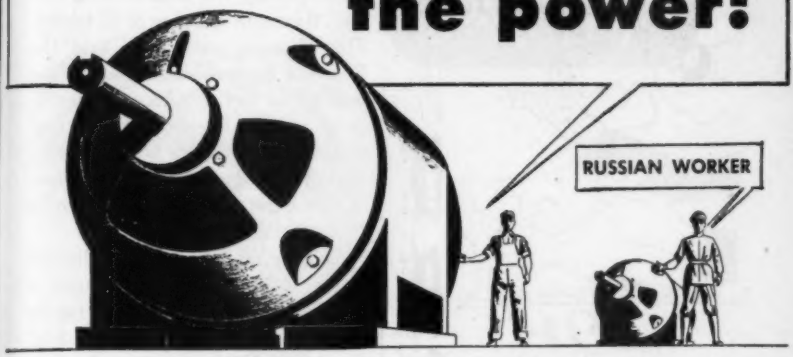
Rhode Island, one of the few states operating a cash sickness benefit program, is having trouble with "fraudulent" certificate-signing by doctors. Indignant press comments have followed the Department of Employment Security's disclosure that certain unidentified physicians have apparently patterned their diagnoses to fit the interests of claimants.

In upholding denials of claims by Administrator Thomas H. Bride, the D.E.S. Board of Review comes down hard on the offending doctors. Generally, it points out, the pattern of disputed cases involves two steps: (a) initial certification by a doctor that a worker is unable to work, and so eligible for cash sickness benefits; and (b) a second certification, when the worker has collected all possible payments, that he's now able to work, and so entitled to unemployment compensation until he finds a job.

Here's how the board describes three cases in which benefits were denied because physicians' statements were open to question:

1. A man who left his job because of an illness later diagnosed as pul-

AMERICAN WORKERS HAVE 7 times the power!



How does America do it?

Why does the American worker have the help of about 7 times as many kilowatt-hours of electric power as is available to the Russian worker?

How can we Americans produce over 40% of the world's goods with less than 6% of the world's people? Why is the American output per-man-hour still growing faster and faster?

The answers are not hard to find. Says Ralph J. Cordiner, president of the General Electric Company: "The greatest impetus for forward movement still comes when individuals are free to plan and carry out their own ideas without government coercion or unnecessary regulation."

Including 1952, private industry in the last 7 years will have invested over 150 billion dollars in new plant and equipment. This contrasts with Federal Government investment of not much more than 12 billion for similar purposes.

Back of all this progress in private industry is the American system of competition. In America we do not just compete for public office; we also compete in technology, competency of management, individual initiative and distribution—the latter including selling and advertising in all their varied forms.

Our kind of competition promotes the growth of more businesses and industries—and this means more jobs.

The American competitive system gives us the world's highest standard of living. Let's all work to preserve it.

THE COMPETITIVE SYSTEM DELIVERS THE MOST TO THE GREATEST NUMBER OF PEOPLE

monary tuberculosis collected cash benefits for six months, until his credits were exhausted. Then his doctor wrote the D.E.S. that the patient now was "available for work." Subsequently the man worked one day, then quit because of ill health. This doctor's certificates, said the Board of Review bluntly, were "not worthy of belief." In refusing to grant unemployment benefits, it suggested the doctor was "tailoring his conclusions . . . to the program in which the claimant happens to be filing at the time."

2. Another man, having collected all his sickness benefits, brought a certificate from his doctor saying he was now able to return to work. Said the board: "We question the fact that this claimant, immediately after exhausting his temporary disability benefits, reached a state of physical ability to perform his regular employment, as contended by his physician."

3. To qualify for further sickness benefits, a woman who had been pronounced well by one physician produced an altogether different diagnosis from another. X-ray reports cast serious doubt on the second diagnosis. So payments to the woman were discontinued.

Similar cases have been turning up from time to time. And according to newspaper reports, the board has evidence indicating that "the racket is being worked on a considerable scale."

In an editorial entitled "Racketeering Doctors," the Providence Journal points out that an unscrup-

going deep

The "hyperkinemic" activity of Baume Bengué goes beneficially deep. It enhances blood flow *through the tissue area* in arthritis, myositis, muscle sprains, bursitis and arthralgia. As Lange and Weiner[1] determined by the use of thermo-needles, hyperkinemic effect may extend to a depth of 2.5 cm.

Baume Bengué also promotes systemic salicylate action. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

Baume Bengué

1. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

ulous worker can loaf for nine months while collecting sickness and unemployment benefits from the state—but "only with the connivance of his doctor." Adds the Journal:

"Frequently workers who have collected . . . fraudulently are prosecuted . . . But the time has certainly come to crack down also on those who aid in the perpetration of the frauds . . . The D.E.S. should . . . promptly and publicly refer the names of such racketeering doctors to the medical societies . . ."

Surveys Indicate Medical TV Is Here to Stay

Remember those nationwide telecasts from the A.M.A. Chicago convention last June? Two NBC network television programs gave stay-at-home doctors—and an estimated 5 million members of the lay public—a glimpse of the scientific exhibits and a look at a stomach operation, the latter televised directly from Wesley Memorial Hospital's operating room.

If you suspect this created quite a stir among doctors and patients, here are figures to prove it:

Both the A.M.A. and Smith, Kline & French Laboratories (the sponsors) have sampled the reactions of some 1,400 physicians. More than half report that they watched one or both of the programs; and a whopping 94 per cent of these say they found the telecasts worth-while. A great majority also agree that such programs serve a useful function

for laymen as well as physicians.

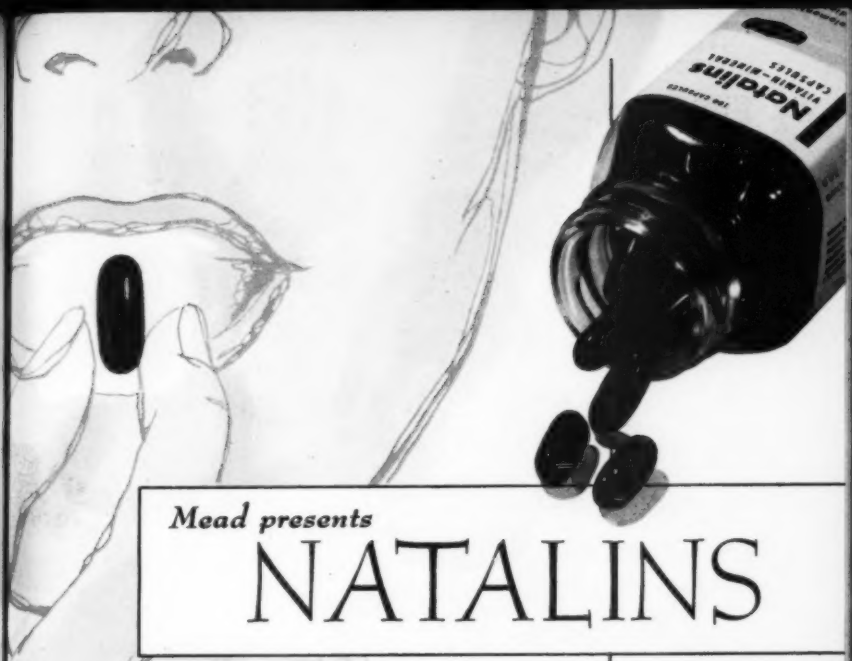
More than 60 per cent report that their patients talked to them about the programs. Lay comment, incidentally, included some mild criticism of the telecasts on grounds that the operation was "unpleasant" to watch and the medical terminology hard to understand.

Doctors Dispute Effects Of Basic Science Law

Do basic science laws, designed to keep poorly trained practitioners out of a state, actually keep out well-trained men as well? The question has sparked a lively debate in Michigan, one of the nineteen states that, with the District of Columbia, have enacted such laws.

Calling for repeal of the Michigan law, Dr. Franklin L. Troost, a former member of the State Board of Registration in Medicine, contends that it has proved "a dismal failure in its fifteen years of existence." Its chief effect, he feels, has been to handicap the state in the competition for doctors. When candidates for licensure must pass tests in the basic sciences as well as the usual state boards, they're often reluctant, he points out, to spend time and effort on the extra preparation required.

Because of the law, says Troost in the Journal of the Michigan State Medical Society, the state's doctor shortage has grown steadily worse. In 1940 the Michigan ratio was one doctor to 826 people; in 1950, he says, it was one to 919—compared



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important vitamins and minerals In addition to all vitamins and minerals for which the National Research Council has established Recommended Allowances, Natalins contain pyridoxine and pantothenic acid for their influence on protein and general metabolism, and folic acid and vitamin B_{12} for their antianemic value. Other minerals are present as trace elements.

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nutrient	1 capsule supplies
Vitamin A	2000 units
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Ascorbic acid	33.3 mg.
Thiamine hydrochloride	1 mg.
Riboflavin	1.5 mg.
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Pyridoxine hydrochloride	0.2 mg.
Calcium pantothenate	1 mg.
Folic acid	0.33 mg.
Vitamin B_{12} (crystalline)	0.33 mcg.
Purified veal bone ash to supply:	
Calcium	125 mg.
Phosphorus	62.5 mg.
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Natalins also contain traces of copper, zinc, manganese, magnesium and fluorine. All vitamins are in synthetic form.

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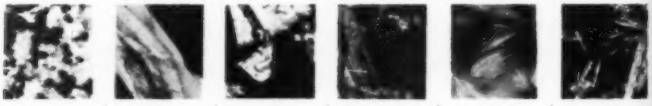

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POLY-VI-SOL Each 0.6 cc. supplies	5000 Units	1000 Units	50 mg.	1 mg.	0.8 mg.	5 mg.
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with the national figure of one doctor for every 749.

Of 1,979 doctors of medicine and medical students who took basic science tests in the state from 1946 to 1950, inclusive, 452—or 23 per cent—failed. Nor, says Dr. Troost, was this the only loss; because of the law, many other physicians who might otherwise have wanted to practice in Michigan undoubtedly remained away.

In answer to the objection that repeal of basic science legislation would open the gates to cultists, Troost asserts: "The gates are wide open now." In the decade 1940-50, he says, osteopaths in Michigan increased by over 100 per cent and chiropractors by 50 per cent. Michigan's share of such practitioners, he says, is now double that of the rest of the nation on a population basis.

"If our law were repealed, we would probably have more than ever of the other schools for a short while," he admits. "Soon, however, . . . the situation would take care of itself. Many people are cared for by non-medical men because there is no medical care available . . . when medical care [is] available, the other types of practitioners fade away."

In the same issue of the journal, Dr. Edward D. Spalding of Detroit disputes Dr. Troost's conclusions. New amendments to the basic science law, Spalding asserts, have removed its objectionable features while retaining its fundamentally sound objectives.

Dr. Troost's arguments "make sorry reading," he declares. "What we need, and *want*, is young men of ability, not just numbers. Are we to believe that the present generation of young medical men is intellectually so feeble that an examination in the basic sciences represents a formidable obstacle? If so, the country is indeed in bad shape."

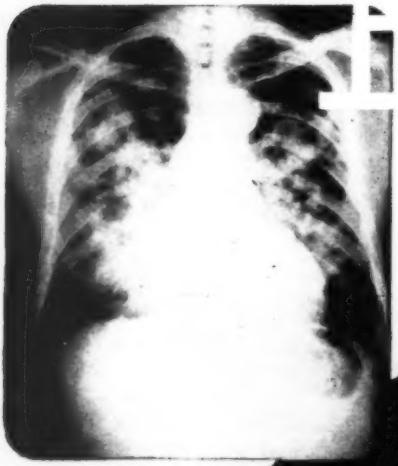
How About John L. Lewis As a Czar for Doctors?

"The medical profession is potentially the most powerful political group in the United States," says Dr. Miley Wesson, of San Francisco. Yet doctors seem ineffectual when compared with labor unions. Why? Because, in Wesson's opinion, they need a boss.

Organized medicine is "still living in the democratic era," he explains. It elects officers democratically, changes them frequently, selects them by whim. On the other hand, he says, labor unions are headed by an oligarchy that "tells the public and government officials 'where to head in'"—and, incidentally, boosts members' incomes.

So Wesson calls for "someone to represent the doctors" as unions are represented, to "protect private pratitioners from union cut-rate fee schedules, politicians, and doctors who are 'scabbing on the medical profession.'" He sees the private practice of medicine endangered by "stupid altruism and weak leaders"—leaders who seem to him to pro-

armony in



In congestive heart failure, passive congestion of the lungs is a typical finding, as well as edema in dependent tissue.

To 'lighten the load' in Congestive Heart Failure

Calpurate is particularly indicated: When edema is mild and renal function adequate... during "rest periods" from digitalis and mercurials... where mercury is contraindicated or sensitivity to its oral use is present ... for moderate, long-lasting diuresis in chronic cases.

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Because of its moderate diuretic action and minimal toxicity, *Calpurate* blends harmoniously with the long-term diuretic regimen for edematous patients. *Calpurate* is the chemical compound, theobromine calcium gluconate, noteworthy for its remarkable freedom from gastro-intestinal and other side effects. *It does not contain the sodium ion.*

Calpurate conforms with the basic principles of modern cardiac therapy not only by relieving the heart load of excess fluids, but also by promoting increased cardiac output through myocardial stimulation. *Calpurate with Phenobarbital* is useful in relieving accompanying anxiety and tension, as in cases of hypertension.

Supplied as *Calpurate Tablets* of 500 mg. (7½ gr.) and *Powder;* also *Calpurate with Phenobarbital Tablets,* phenobarbital 16 mg. (¼ gr.) per tablet.

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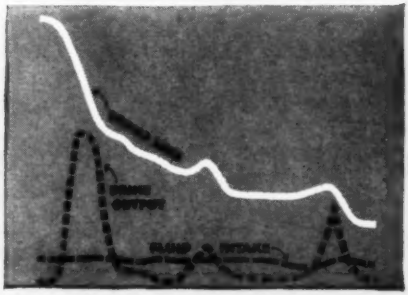

Calpurate therapy results in increased urine output, lowered body weight, and decreased edema.

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tect the public from the doctors instead of the doctors from the public.

Rallying fellow specialists in a letter sent out through the Urologists' Correspondence Club, he praises the medical profession's well-knit organization for scientific purposes. But he stresses the need for "a powerful over-all boss or czar to weld doctors, hospitals, and nurses into one powerful group . . . [and] to deal with the general public and the unions." On such subjects as fee schedules, says Wesson, the czar "would *tell* them, not ask them," what to do.

There's no doubt, he adds, that such a czar could always get results: "Imagine the consternation among Government bureaucrats and politicians that would follow the threat . . . of having all doctors and nurses take a twenty-four-hour vacation unless [the Government] ceased to promote socialized medicine."

If Dr. Wesson's plan worked out, the czar of medicine would have "the same authority as the so-called czars of business and sports, along with a commensurate salary and expense account . . . His tenure of office should be equally as permanent as that of Messrs. Green, Murray, and Lewis."

Who should get the job? Wesson proposes someone who:

1. Has already proved his financial and executive ability.

2. Is respected and feared by "labor leaders and bureaucrats," though not popular with them. ("Probably the three most maligned men in the United States are Messrs. Green, Murray, and Lewis, but they get results.")

Miley Wesson
Rx for doctors: Get a czar

3. Has never been on the Government payroll, where he might have been corrupted into an apple-polisher.

4. Combines the "vision and ability" of John L. Lewis, who has "made miners the financial aristocrats of all workmen."

Two advisers are recommended by Wesson to help medicine set up its prospective new office:

¶ Dr. Morris Fishbein, who, as "Mr. A.M.A.," was "hated and feared by the small-time medical, as well as the Washington, politicians."

¶ John L. Lewis himself, whose son is "an honor graduate of our most famous medical school."

Would physicians, who are "pri-

marily individualists and prima donnas at heart," submit to their czar's "union" domination? Wesson quickly disposes of any such objection: "Can you conceive of a greater individualist than a symphony conductor, a Metropolitan Opera soprano, a Shakespearean actor, or a radio commentator? They all pay dues to from one to four unions."

Pending adoption of his plan for a czar for medicine, Dr. Wesson makes a confession: He personally has never been able to accept even a fee schedule.

Finds Health Departments Badly in Need of M.D.'s

There's a job vacancy in one out of every five physician billets in state and local health departments. Of about 2,200 positions available in the U.S., some 440 are going begging. And this already acute shortage is slated to worsen as mobilization speeds up, in the opinion of Dr. William P. Shepard, of the Health Resources Advisory Committee, Office of Defense Mobilization.

In fact, Public Health Service figures showing vacancies in only 20 per cent of the *budgeted* medical positions in 1951 strike him as "a gross understatement." He points out that health departments chronically need more personnel than their budgets permit.

Furthermore, says Shepard, whose discussion of the shortage appears in a recent issue of Public Health Reports, nearly 300 public health physicians may at any time be called

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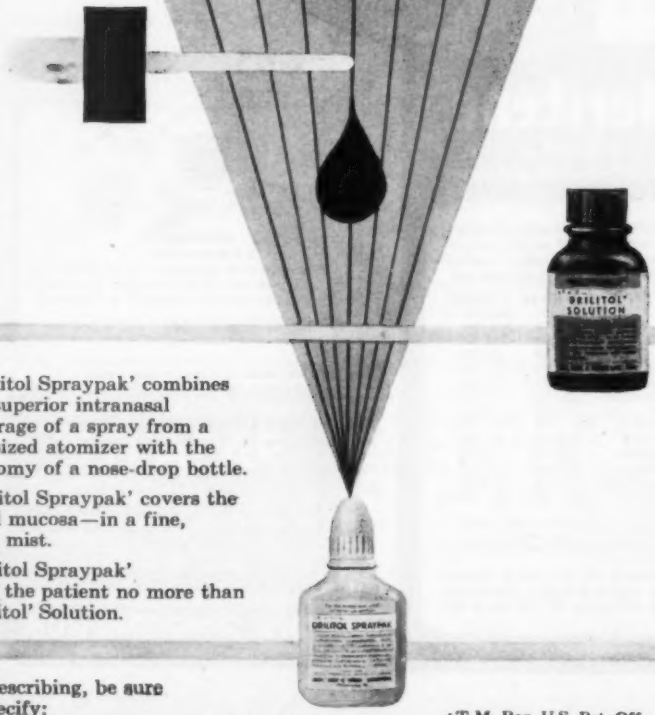
Drilitol*Spraypak

for intranasal infections

'Drilitol' now available in 2 forms

'Drilitol Spraypak'

'Drilitol' Solution



'Drilitol Spraypak' combines the superior intranasal coverage of a spray from a full-sized atomizer with the economy of a nose-drop bottle.

'Drilitol Spraypak' covers the nasal mucosa—in a fine, even mist.

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'Drilitol Spraypak'—the new form of 'Drilitol'

Now there are two forms of 'Drilitol', S.K.F.'s widely accepted intranasal preparation: (1) 'Drilitol' Solution, with which you are familiar, and (2) the new convenient form, 'Drilitol Spraypak'.

'Drilitol' contains two antibiotics:

Anti-gram-positive gramicidin
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'Drilitol' also contains:

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'Drilitol Spraypak'

'Drilitol' Solution
antibiotic, decongestive, anti-allergic

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†T.M. Reg. U.S. Pat. Off. for hydroxyamphetamine hydrobromide, S.K.F.

for military service, since they're either in the reserves or have an early priority classification. Thus, he warns, health departments are in constant danger of losing an additional 32 per cent of all "those responsible for the direction and administration of their programs and activities."

Dr. Shepard sees no easy solution to the problem, but he recommends serious consideration of two measures:

¶ Recruiting of part-time clinicians to supplement the services of full-time public health physicians; and

¶ Delegation of all possible duties to nonmedical personnel.

Guidebook to Local M.D.'s Helps Public Choose

"What doctor should I call?"

Strangers in Florida's Palm Beach County—and long-time residents too—can now find a quick and dependable answer to this question by consulting the local medical society's new directory of physicians and surgeons.

An attractive, handy-sized booklet of sixteen pages, the directory is a model of careful planning for maximum usefulness. Distributed to hotels, hospitals, drugstores, libraries, police stations, and other places where people customarily seek information, copies of the booklet are also available for individual residents and visitors.

Even the covers of the pamphlet are put to good use. In addition to

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Crystalline Procaine Penicillin G in aqueous suspension

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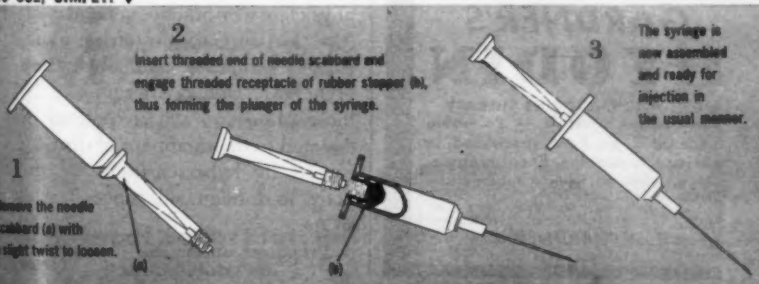

the seal of the Palm Beach County Medical Society, the front cover bears a prominent notation that the volume is "issued in the public interest." The back cover gives the address and phone number of the local physicians' emergency service as well as phone numbers of ambulance services.

Within the book are two listings. The first is an alphabetically arranged roster of 120 physicians—all those who are in active practice in the county's eight towns and who belong to the society, with pertinent information about each. Name, address, and phone number are followed by the doctor's year of birth; medical school and graduating class; type of practice and specialty or special interest; board certification if any; and membership or fellowship in professional colleges, academies, or special societies. A star is placed before the name of a doctor who limits his practice to a specialty.

The second roster is a classification of the doctors according to types of practice, with each classification explained briefly. For example, under General Practice the reader is told: "This group includes physicians who practice general medicine and surgery, obstetrics, gynecology, pediatrics, and all of their branches." Under Allergy: " . . . those physicians whose practice is devoted to the treatment of diseases caused by hypersensitivity of the body to foreign substances." And so on.

Prepared under the direction of

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To early Greeks, *alopecia* was *alopekia*, meaning "the mange of foxes". To modern civilization it is a troublesome scalp condition which often challenges therapeutic management.

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Drs. David A. Newman and Frederick K. Herpel, the booklet also contains a list of the society's officers and committee chairmen, and a directory of community agencies.

Federal Medical Program Called Far From Perfect

"The subtle complacency of our profession" is the major hazard to improvement in Federal medical services, says Dr. Robert Collier Page, chairman of the National Doctors Committee for Improved Federal Medical Services.

It is only a matter of time, he warns, before we "find ourselves in exactly the same position as the medical profession in England—and shall have only ourselves to blame."

In reporting on his committee's fifteen-month period of active existence, he mentions these results:

1. "The Armed Forces have coordinated their three medical systems in Korea and have begun interchange of patients in the States."

2. "The V.A. has placed greater responsibility in the hands of the medical directors of its hospitals."

3. "Interchange of patients—and better utilization of beds—between V.A. and service hospitals has been started."

4. The committee has "opened the eyes of Congress, the public, and the profession to the vital importance of correcting the waste of medical manpower, the overbuilding of hospitals, and the duplication of services in the Federal medical

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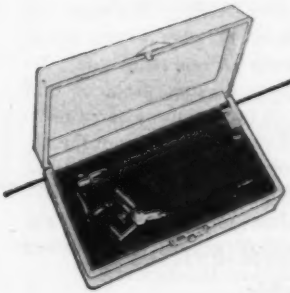

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system." It has stressed the "lack of an over-all plan and authority" as well as the yearly $2-billion cost to the public of the thirty-five Government medical agencies now active.

5. Medical opinion has been crystallized by a committee poll of physicians. Tabulation of 1,000 replies shows that 99.4 per cent believe the Federal medical system needs immediate improvement. Over 80 per cent favor setting up a Federal Medical Board, with full authority to facilitate bed needs and implement as many Hoover Commission recommendations as possible by administrative action.

6. Legislation has been prepared. When hopes faded for the immediate creation of a Department of Health, a bill to set up a Federal Board of Hospitalization was drafted. After A.M.A. approval, the committee backed this measure—until American Legion opposition sidetracked it. But the bill still remains "the subject of some discussion and support among certain Senators."

This, says Dr. Page, is a start; but much more remains to be done. "The problem," he concludes, "is essentially a doctors' problem, and the private practitioner cannot completely divorce himself from the activities of the Federal government in the field of medicine. What direction Federal medicine takes in the future will depend to a large extent on the doctors themselves."

His final challenge:

"Congress is eager to have a clear-cut program from the profession . . . The ball is now in our hands. With

leadership, courage, and determination, the ills of the present Federal medical program can largely be cured."

Hospital Administrators Bewail Their Low Pay

The average annual salary of hospital administrators is less than $7,000, according to a survey just completed by The Modern Hospital. The survey covers administrators of 139 hospitals of all sizes in all parts of the country; and it shows that salaries range from an average of $4,738 (in hospitals with fewer than fifty beds) to $10,619 (in institutions with more than 200 beds).

When asked whether they thought themselves adequately paid for their efforts to balance "the conflicting pressures of patients, doctors, and trustees," most of the administrators replied, "No!" (The survey does point out, however, that their pay has risen an average of 27 per cent during the past five years.)

Many hospitals console their administrators with perquisites in addition to pay. The survey shows that nearly half of them offer free board; several provide both bed and board.

But only twenty-five of the 139 institutions surveyed have retirement plans for administrators. And even among those, $100 a month is regarded as comfortable old-age pay.

Another question put to the administrators ran something like this: "Does your income provide a standard of living comparable to that of

doctors and hospital trustees in your community?" Three-fourths of the respondents answered in the negative.

Many insisted that they could do better work if they were better paid. Typical plaint, from one "whose $6,000 salary keeps him locked up in the community's social cellar":

"With an adequate salary, I wouldn't . . . feel like an 'inferior layman.' I could then meet doctors and board members on more even terms, instead of as a subordinate employe."

He Delivers 'Texans' Deep In the Heart of Germany

Texans *will* be Texans—even when they're medical officers on foreign duty. Witness the case of Maj. Philip T. Williams Jr., M.C.

At the U.S. Army Hospital in Frankfort, Germany, Williams delivers a monthly total of between seventy-five and a hundred offspring of American military personnel. But he insists that he brings "nothing but Texans into the world." To back up the claim, he creates an ersatz Texas in the delivery room, with soil from Fort Sam Houston sprinkled under the table and the Lone Star flag unfurled above.

Sometimes he officiates at the birth of babies whose parents aren't American, but he claims them for Texas too. Not long ago, when his patient was a Russian liaison officer's wife, he dubbed the infant a Texanski.

As a further refinement on his

unique OB routine, the Major now has asked the Governor of Texas for authorization to hand out printed certificates that officially attest the babies' "Honorary Texan" citizenship.

Defends Doctor's Role as Middleman in Adoptions

The doctor is being elbowed out of adoption procedures. As a result, too many people are victims of slow-moving, impersonal adoption agencies, and the adoptable infant may be ready to go to college before he gets a "suitable" home. So says Dr. Paul D. Foster, in a well-aimed blast against modern adoption methods.

Now that the adoption process is entirely in the hands of private and public agencies, long delays obstruct the placement of an annual total of nearly 3,000 illegitimate children in California alone, says Foster. Physicians could help speed them on their way to eager childless couples, he believes, if the law would allow it.

Formerly, patients preferred their family doctor to an impersonal institution as go-between in adoption proceedings. The main objection to this, he points out, was the doctor's "extreme laxness in investigating backgrounds of both child and adoptive parents." But today's institutional procedure has swung from the old extreme of too few controls to too many, he feels, and the human element is lost. [MORE→

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Adoptions are now "big bureaucratic business," he charges. They have "drifted into the field of bloated growth and business-for-profit . . . [to become] a valuable pawn for the multitude of state and private agencies which . . . thrive on others' tragic misfortune."

In an editorial in the Los Angeles County medical society bulletin, Foster suggests a possible connection between the long waiting period in the adoption rigmarole and the money an institution collects for care of the child during the delay. Public agencies, he says, may bill the adoptive parent and the state for as much as $200 apiece; private agencies may claim between $450 and $750 from would-be parents.

Dr. Foster, who is himself the adoptive father of four children, doesn't recommend turning adoptions completely over to the medical profession. But he urges repeal of such state laws as make it a criminal offense for doctors to participate at all. "The sharing of this sociological problem is," he maintains, "our right."

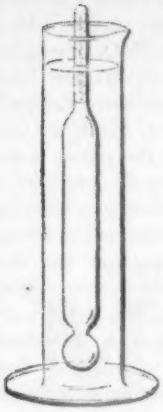
Why Do Medical Groups Sometimes Fail?

Why do medical groups break up? A new study by the A.M.A. Bureau of Medical Economic Research reveals two outstanding reasons:

1. Financial disagreements among members;

2. Inability to replace key men.

These and other pitfalls that await unwary doctors in the expanding



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1. Tompkins, W. T., cited by Allen, E. D.: The Increased Demands of the Maternal Organism by Pregnancy, Chicago M. Soc. Bull. 52-832 (Apr. 8) 1950, p. 833.
2. Hyman, H. T.: An Integrated Practice of Medicine. (Philadelphia and London: W. B. Saunders Co.) 1946, Vol. 3, p. 2629.

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field of group practice are spotlighted in a report prepared by Frank G. Dickinson, Ph.D., bureau director, and Charles E. Bradley, Ph.D., associate in economics. Entitled "Discontinuance of Medical Groups, 1940-1949," the report undertakes to show why 18 per cent of the groups functioning in 1940 no longer existed at the end of the decade.

For purposes of the study, a group is defined arbitrarily as a cooperative practice venture of three or more physician members. Excluded are closed-staff hospitals, groups offering only diagnostic services, and purely industrial groups.

Of 441 groups surveyed, 354 were still operating in 1949, with about the same membership as in 1940. Forty had been dissolved, twenty-seven had been reduced to simple partnerships, and fifteen had been extensively reorganized.

Dissatisfaction with the division of income—often involving the shares of surgeon members—is one of the commonest causes of group mortality, according to the investigators. One respondent to their inquiry reported continued resentment in his group because "the earning capacity of a few far exceeds that of the remaining members."

Other sources of internal friction may also contribute to failures, as indicated by replies blaming "methods of operating the clinic," or just "conflicting personalities."

Personalities have apparently played a role in many failures. Loss of a key man through death, illness,

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retirement, or induction into military service is listed as the chief reason for eight dissolutions, and as a contributing factor in others.

Said a former group practitioner: "Everything went along well until I became ill . . . and I was unable to take the grief that was necessary to keep the group on an even keel."

Wrote another: "My father, the founder of the firm and mainstem of the organization, had a stroke and became inactive. After that we began to lose ground."

Pointing out that the importance of the "indispensable" member of a group "does not seem to spring as much from professional ability as from organizational and managerial attributes," Dickinson and Bradley add:

"A single man often furnished the impetus and became the cohesive force of the group . . . In many cases apparently no provision was made for a successor . . . In fact, the question might be asked, 'Does the presence of one strong man prevent the emergence of his successor?' "

In general, the study shows, the larger the group the better its chance of survival. Groups of three and four members, accounting for half the total number in 1940, had by far the highest mortality rate. Of the forty absolute failures, thirty were of this size. Of all the eighty-two discontinued or reorganized groups, sixty-five had either three or four members. On the other hand, only six groups of seven or more members failed to survive the decade.

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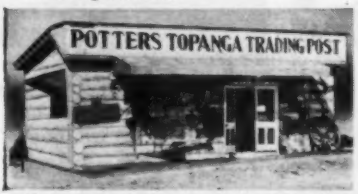

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Memo from the Publisher

● "I've read MEDICAL ECONOMICS with interest for years—but I've never known exactly where the magazine comes from."

Thus began a letter we got the other day from a physician in Stockton, Calif. It reminded us that we've never said much about the organization behind MEDICAL ECONOMICS.

In case *you've* wondered about this, here are the background facts:

The magazine comes from an independent publishing company. Its headquarters are in East Rutherford, N.J., a residential town about ten miles west of New York City. Here, in a block-long, two-story red brick building, a total of 166 people are engaged in three corporate enterprises (all three under the same ownership):

¶ Medical Economics, Inc., publishes not only this magazine, but also the Physicians' Desk Reference, an annual drug directory, now in its sixth year, that's used as a prescribing aid by more than 125,000 medical men.

¶ The Nightingale Press, Inc., publishes R.N., a monthly journal for registered nurses, with a current circulation of more than 150,000.

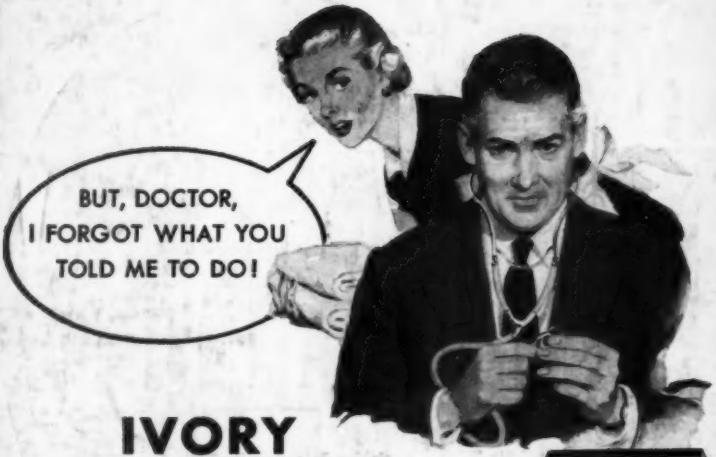
¶ The Rutherford Press, Inc., prints MEDICAL ECONOMICS and R.N. plus a number of trade journals in related fields.

Except for the Physicians' Desk Reference, our publications are produced almost wholly within our own building. This process includes writing, editing, make-up, printing, binding, and addressing.

While mentioning these facts, we might take the opportunity to explode a few fictions. For one thing, our organization is *not* the cooperative venture of several surgical suppliers. Surgical dealers advertise in MEDICAL ECONOMICS and help keep our subscription lists up to date; but they play no other part in the publishing or circulation of the magazine.

For another thing, our organization is *not* affiliated with any pharmaceutical company. Nearly all major drug firms advertise in MEDICAL ECONOMICS, but that's the full extent of their participation.

All this means that MEDICAL ECONOMICS is independently owned and published. What's more, we intend to keep it that way. For we're well aware that its independent status and freedom of expression have a lot to do with the acceptance it has earned over the last twenty-nine years. —LANSING CHAPMAN



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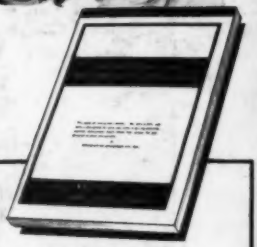

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